

BLUEFIELD UNIVERSITY

Change of Address/Phone Form

Student Name: _____

Student ID: _____

Former Address

Address: _____

City, State and Zip: _____

Former Phone #: _____

New Address

Address: _____

City, State and Zip: _____

Phone #: _____

Student Signature: _____

Date: _____

Date of Change: _____

Which address is to be changed:

- Legal home permanent address
- Parent/Guardian Address
- Both

Return to BCCentral
Office of the Registrar
BCRegistrar@bluefield.edu

Bluefield University
3000 College Avenue
Bluefield, VA 24605
Phone: 276-326-4215
Fax: 276-326-4356
