

Ex'pression College for Digital Arts

Change of Address Form

Student ID# (On your Student ID card): _____

Program (circle one): DVM • DGD • SA

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Other Information: _____

**Please fill out the form and drop it in the Registrar Drop Box,
located outside the Education Office Area (South Building)**

**If you have questions contact Melissa Thompson at
melissa@expression.edu**

Please allow two business days for processing.