



Address Change - Graduation

The intent of this form is to change your address after you have already submitted your Request for Graduation but before diplomas have been mailed. This form is not intended for International addresses.

Student ID

Last Name

First Name

Middle
Initial

New Address:

Address_Line 1

Address_Line 2

City

State

Zip Code

Phone Number

Email Address

Semester &
year you applied
for graduation:

I declare under penalty of perjury that all information on this form is correct. I understand that falsification or withholding information requested on this form shall constitute ground for dismissal.

Signature

Date

Submit this form to the Evaluations Office via e-mail to Grossmont.Evaluations@gcccd.edu with the subject: **Address Change for Graduation.**

OFFICE USE ONLY

Processed by: _____ Date processed: _____