



Alumni Address Change Form

Do not use this form to update your name. Please contact the Registrar's Office for instructions on how to change your name in our records.

Name (Last, First, Middle): _____

Student ID (if known): _____

Graduation Year: _____

Program of Study: _____

New Address:

Street or PO Box Number (include apartment number if applicable)

City State ZIP code

(____) _____

Cell Phone

(____) _____

Home Phone

Email Address

Signature _____

Date _____

Return to:

Mail or In Person

Perry Technical Institute
Attention: Registration
2011 W. Washington Ave.
Yakima, WA 98903

Fax

509-453-0375
Attention: Registration

Email

registration@perrytech.edu