

# PEPPERDINE UNIVERSITY

## MAIL FORWARDING REQUEST

Complete this form if you want your mail forwarded. Only **FIRST CLASS**, **SECOND CLASS**, and **PARCELS** of obvious value will be forwarded. We will forward your mail for one Trimester or for up to **THREE MONTHS** after the start date you indicate.

### PLEASE PRINT

NAME OF STUDENT	CURRENT MAIL BOX NUMBER ►
ID NUMBER	

### Please forward my mail to the following address:

STREET ADDRESS	APARTMENT OR C/O	
CITY	STATE	ZIP CODE

### Please check the appropriate box indicating type of forwarding:

<input type="checkbox"/> <b>Permanent forwarding</b> Forwarding START date: _____	<input type="checkbox"/> <b>Summer forwarding ONLY</b> Forwarding START date: _____ Forwarding END date: _____
<input type="checkbox"/> <b>Pepperdine International / Washington D.C. Program</b> Forwarding START date: _____ Forwarding END date: _____	

SIGNATURE OF STUDENT	TODAY'S DATE	<b>FOR OFFICE USE ONLY</b>	
		REQUEST PROCESSED BY:	DATE: