

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

SIGNATURE OF STUDENT	TODAY'S DATE	FOR OFFICE USE ONLY	
		REQUEST PROCESSED BY:	DATE: