

Dakota College at Bottineau
Student Services Office
105 Simrall Boulevard
Bottineau, ND 58318
Fax: 701-228-5499

Address Change Form

Change Effective Date: _____

DCB ID #: _____

Name: _____
First Middle Initial Last Name

Telephone Number: _____ Cell Number: _____

Mailing Address: _____
(W-2's/Tax Documents) Number and Street

City: _____ State: _____

County: _____ Zip Code _____ Country: _____

Permanent Address: _____
(Permanent, may be same as Parent. Number and Street
International Students - country address)

City: _____ State: _____

County: _____ Zip Code: _____ Country: _____

Home Address: _____
(Street Address at which Number and Street
individual resides)

City: _____ State: _____

County: _____ Zip Code: _____ Country: _____

Billing Address: _____
(Monthly Billing Statement) Number and Street

City: _____ State: _____

County: _____ Zip Code: _____ Country: _____

Signature: _____ **Date** _____