

PERMANENT CHANGE OF ADDRESS ORDER

Box Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Effective Date \_\_\_\_\_

Where you want  
Mail forwarded Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP CODE \_ \_ - \_ - \_

Student Number \_\_\_\_\_

\*Forwarding order is not valid without a Berry student id number.

Please return your post office box key to: Berry College Post Office  
P O Box 490010  
Mount Berry, GA 30149-0010