



Use this form to request a "billing address" for your student account record or to change an existing one. Complete and return the form to Student Accounts, Campus Center 326, for processing. Please print clearly and sign & date at the bottom of the form.

Olin Student ID #: _____ Year of Graduation/Class _____

Full Name: _____

Permanent Mailing Address:

Street _____

City, State, Zip _____

Home Phone Number: _____

Cell Phone Number: _____

Alternate Mailing Address - Billing Address:

Name(s) of Bill Payer _____

Street Address _____

City, State, Zip _____

Payer's Email Address: _____

Payer's Home Phone _____

Payer's Cell Phone _____

Signature: _____ Date: _____

Note: Defining a billing address does not relieve you of the responsibility of payment. If you wish to allow Olin College the opportunity to speak to a third party regarding your student account/financial information, please complete the "Authorization to Release Financial Information" form and submit it to Student Accounts , CC326.

For Office Use Only
Date Received by Student Accounts Office:

Processed by: