



Clerkship Students Address Change Form

Name: _____

For the month of __, 20____, I will be completing a clerkship out of town in
the city of _____, __ state. I can be reached at the
following phone number: (____) _____

While on this clerkship I would like my mail sent to the following address:

C/O: _____

This address is:

_____ where I will be living for the month (NOT my permanent address)

_____ my practice site

_____ my permanent address/my parent's address

_____ my Omaha address (my mail will be forwarded)

Please return this form to:

Office of Academic and Student Affairs

School of Pharmacy and Allied Health Professions

Creighton University School of Pharmacy and Health Professions

2500 California Plaza Omaha, NE 68178

OR fax it to: (402) 280-1148