

Change of Address

Registrar's Office
352 Lafayette Street
Salem, MA 01970

PLEASE PRINT ALL INFORMATION CLEARLY

NAME _____
First Middle Initial Last

7 DIGIT STUDENT ID # _____

BIRTH DATE _____ SIGNATURE _____
(MM/DD/YYYY) Date

New Address 1
Address Type: Please check all which apply

LOCAL PERMANENT MAILING
 BILLING INTERNATIONAL BUSINESS

 Street Address

 Street Address

 City State Postal/ZIP

 Country
 ()

 Telephone Number

EFFECTIVE DATE OF CHANGE _____

New Address 2
Address Type: Please check all which apply

LOCAL PERMANENT MAILING
 BILLING INTERNATIONAL BUSINESS

 Street Address

 Street Address

 City State Postal/ZIP

 Country
 ()

 Telephone Number

EFFECTIVE DATE OF CHANGE _____

Definitions:

LOCAL: THE ADDRESS WHERE YOU LIVE WHILE IN SCHOOL

PERMANENT: THE ADDRESS WHERE YOU LIVE IN THE USA WHEN NOT IN SCHOOL

(THE LOCAL AND PERMANENT ADDRESSES COULD BE THE SAME)

MAILING: WHERE YOU WOULD PREFER ALL OF YOUR MAIL BE SENT IF DIFFERENT FROM YOUR LOCAL OR PERMANENT ADDRESS

BILLING: WHERE YOU WOULD PREFER YOUR COLLEGE BILLS BE SENT, IF DIFFERENT FROM YOUR LOCAL OR PERMANENT ADDRESS

INTERNATIONAL: IF YOU HAVE A PERMANENT ADDRESS OUTSIDE OF THE USA

BUSINESS: WHERE YOU ARE EMPLOYED

FOR OFFICE USE ONLY

Date Entered _____

Initials _____