

Change of Address

Office of Student
 Records & Registrar
 352 Lafayette Street
 Salem, MA 01970

Please print all information clearly

NAME _____
First Middle Initial Last

7 DIGIT STUDENT ID # _____ SOCIAL SECURITY # _____

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
 ()

 Area Code 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
 ()

 Area Code 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

Important Notes:

- 1) All forms must be signed and dated.
- 2) All forms must be returned to the Office of Student Records and Registrar,
 located on the 1st Floor of the Administration Building at North Campus;
 Fax: (978) 542-6336.

FOR OFFICE USE ONLY

Date Entered _____

Initials _____