



SAINT MICHAEL'S COLLEGE  
 Office of the Registrar  
 One Winooski Park  
 Colchester, Vermont 05439  
 Telephone: (802) 654-2571  
 Fax: (802) 654-2690

# CHANGE OF ADDRESS FORM

\_\_\_\_\_  
 Student I.D. # or Social Security #                      Class                      Date

\_\_\_\_\_  
 Student Last Name                      First Name                      M.I.

## I. STUDENT CHANGE OF ADDRESS/TELEPHONE

RECORD THIS AS A CHANGE IN MY: (Please Check All That Apply)

- OFF CAMPUS ADDRESS (LOCAL)       PERMANENT ADDRESS (HOME)       BILLING ADDRESS  
 (Where Student Name Is Billing Name)

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ Home                      (\_\_\_\_) \_\_\_\_\_ Work                      (\_\_\_\_) \_\_\_\_\_ Cell

- PLEASE CHANGE PARENT/GUARDIAN ADDRESS/TELEPHONE AS INDICATED BELOW.

## II. PARENT/GUARDIAN CHANGE OF ADDRESS/TELEPHONE

RECORD THIS AS A CHANGE IN MY: (Please Check All That Apply)

- PARENT/GUARDIAN ADDRESS                       BILLING ADDRESS  
 EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
 Parent/Guardian Last Name                      First Name                      M.I.

- ADDRESS & HOME TELEPHONE # ARE SAME AS STUDENT'S  
 (If different, please enter address and home telephone # below.)

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Home Telephone                      (\_\_\_\_) \_\_\_\_\_ Work Telephone

RELATIONSHIP TO STUDENT: \_\_\_\_\_

SEND MAIL TO PARENT/GUARDIAN: \_\_\_\_ Yes \_\_\_\_ No

RECORD THIS AS A CHANGE IN MY: (Please Check All That Apply)

- PARENT/GUARDIAN ADDRESS                       BILLING ADDRESS  
 EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
 Parent/Guardian Last Name                      First Name                      M.I.

- ADDRESS & HOME TELEPHONE ARE SAME AS STUDENT'S  
 (If different, please enter address and home telephone # below.)

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ Home Telephone                      (\_\_\_\_) \_\_\_\_\_ Work Telephone

RELATIONSHIP TO STUDENT: \_\_\_\_\_

SEND MAIL TO PARENT/GUARDIAN: \_\_\_\_ Yes \_\_\_\_ No

CHANGE REQUESTED BY: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

FOR OFFICE USE ONLY:                      NAME OF OFFICE ORIGINATING CHANGE: \_\_\_\_\_  
 ROUTING: Student Accounts \_\_\_\_\_ IA \_\_\_\_\_ Health Services \_\_\_\_\_ Registrar \_\_\_\_\_ Student Life \_\_\_\_\_ HR \_\_\_\_\_