

Office of the Registrar  
One Winooski Park, Colchester, VT-05439  
Telephone: 802.654.2571 Fax: 802.654.2690

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.    
  I am a Saint Michael's College Employee.

**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/Cell Telephone Work Telephone

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

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

SAINT MICHAEL'S COLLEGE EMPLOYEE

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

SAINT MICHAEL'S COLLEGE EMPLOYEE

**CHANGE REQUESTED BY:** \_\_\_\_\_ **RELATIONSHIP TO STUDENT:** \_\_\_\_\_

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