



CHANGE OF ADDRESS FORM

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 _____