



Address Change Request

Complete **ALL** fields before submitting to the Mount St. Mary's University Office of the Registrar.

Date _____

Student Name _____ Student ID # _____

Student's Home Address: _____
(Your legal/permanent address) Street Address

City State Zip Code

Student's Mobile/Cell Phone Number: _____

My parent/guardian's address is the same as mine

Parent/Guardian Address

_____ Name of Parent(s)/Guardian(s)

_____ Street Address

City State Zip Code

Home Telephone Number: _____ Parent Email Address: _____

Second Parent/Guardian Address
(if applicable)

_____ Name of Parent/Guardian

_____ Street Address

City State Zip Code

Bills Should Be Sent To:

_____ Name

_____ Street Address

City State Zip Code

By submitting this form to Mount St. Mary's University Office of the Registrar, I acknowledge that my student record will be changed to reflect this updated information.

Student Signature _____

Date _____

Please return this form by mail to the Office of the Registrar at 16300 Old Emmitsburg Road, Emmitsburg, MD 21727, by email to registrar@msmary.edu, or by fax to 301-447-5811.