



Address Change Request

Complete **ALL** fields before submitting to the Office of the Registrar.

Date: _____

Student Name: _____ Student ID # _____

New Legal Home Permanent Address:

_____ Street Address

City State Zip Code

Student's Mobile Number: _____

Address of Parent(s)/Guardian(s):

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

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

_____ Street Address

City State Zip Code

Telephone Number: _____ Parent Email Address: _____

Second Parent/Guardian (if different than above):

_____ 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