

UMass Dartmouth

ADDRESS CHANGE REQUESTED (Please Print Clearly)

NAME _____ SOCIAL SECURITY NO _____

ADDRESS CHANGE (for mailings when classes are not in session)

STREET _____ Apt No. _____ or _____
P.O. Box No. _____

CITY/TOWN _____

ZIP CODE _____ TELEPHONE _____
AREA CODE _____

SIGNATURE _____ DATE _____

LOCAL ADDRESS (for mailings when classes are in session)

IF SAME AS ABOVE WRITE SAME

STREET _____ Apt No. _____ or _____
P.O. Box No. _____

CITY/TOWN _____

ZIP CODE _____ TELEPHONE _____
AREA CODE _____

SIGNATURE _____ DATE _____

NOTE: WE DO NOT PROCESS DORM ADDRESSES

Office Use Only

Date Entered _____

By _____
