

UMass Dartmouth

ADDRESS CHANGE FORM

ADDRESS CHANGE REQUESTED (Please Print Clearly)

NAME _____ YOUR EIGHT DIGIT ID NO _____
OR
YOUR SOCIAL SECURITY NO _____

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

STREET _____ Apt No. _____
CITY/TOWN _____
ZIP CODE _____ TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____

LOCAL ADDRESS (for mailings when classes are in session)

IF SAME AS ABOVE WRITE SAME

STREET _____ Apt No. _____
CITY/TOWN _____
ZIP CODE _____ TELEPHONE NUMBER _____

SIGNATURE _____ DATE _____

BILLING ADDRESS: (If different from Permanent/Mailing Address)

STREET _____ Apt No. _____
CITY/TOWN _____
ZIP CODE _____ TELEPHONE NUMBER _____

NOTE: WE DO NOT PROCESS DORM ADDRESSES