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

Rev 9/06