



Change of Address Form

Office of the Registrar
100 Institute Road, Worcester, MA 01609
Ph: (508)-831-5211
Fax: (508)-831-5931

Instructions: Please update those items that are being changed.
(ALL OTHER ITEMS WILL REMAIN UNCHANGED)

Part I Please Print:

Name: _____ Student ID: _____

Date: _____

Part II Please Print:

Change of Address, Telephone Number, and Email

(Please change all that apply)

Local: Street _____
City _____ State _____ Zip _____
Telephone number _____ Email _____

Permanent: Street _____
City _____ State _____ Zip _____
Telephone number _____ Email _____

Billing: Street _____
City _____ State _____ Zip _____
Telephone number _____ Email _____

Parent: Name(s) _____
Street _____
City _____ State _____ Zip _____
Telephone number _____