



Change of Address

Student A#: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Home Address**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if other than US): \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Please note that the official means of communication used by MCLA is Campus mail & Office 365 Email.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Registrar's Office in person or by mail or fax to:

MCLA  
Registrar's Office  
375 Church Street  
North Adams, MA 01247

Fax: 413-662-5095