



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: \_\_\_\_\_

\_\_\_\_\_ Check here if your request that no personal data, directory or academic achievement (Dean's List, student achievement listings, etc.) information is released to the public or college community. Failure to check this box will allow the Registrar's Office to release information in accordance with Federal regulations and guidelines.

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