

MARIST COLLEGE OFFICE OF THE REGISTRAR
CHANGE OF ADDRESS FORM

NAME:

CWID:

INTERNATIONAL STUDENT

Yes

No

**** PLEASE CLEARLY PRINT ALL INFORMATION AS REQUESTED ****

I hereby authorize Marist College to change my address on all my records.

New Legal Address (Permanent, Billing):

Cell Phone Number:

Personal Email Address:

Old Address:

New Local Address:

Old Local Address:

Cell Phone Number:

Personal Email Address:

Signature: