



Change of Address/
Address Verification Form

Student ID A _____ Date _____

Permanent Home Address

Last Name _____ First Name _____ MI _____

Street, PO Box _____

City _____ State _____ Zip _____

Country (if other than US) _____ Home Phone () _____

Local Off-Campus Address (if different from permanent home address)

Street, PO Box _____

City _____ State _____ Zip _____

Local Phone () _____

Please note that the official means of communication used by MCLA is campus mail and First Class.

Student signature _____ date _____

Check here if you 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.

Return this form to the Registrar's Office, Eldridge Hall, Room 102. Questions may be directed to the Registrar's staff or by calling x5216.