



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