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