

Change of Address

INSTRUCTIONS: You may complete this form online, or print it first using your browser. Please print clearly. Send completed form to the Registrar's Office.

Student Name: _____ **ID#:** _____

Today's date: _____

Name whose address is being changed:

Student Other _____

New telephone number: _____
Area Code Number

New Address:

Line 1: _____

Line 2: _____

City: _____

State: _____ Zip: _____ Country: _____

This address is: (Please check all that apply)

Local / Off Campus Address valid for:

Fall Spring

Permanent Home Address

Both Parents' Address

1 Parent's Address (name): _____

Summer Address

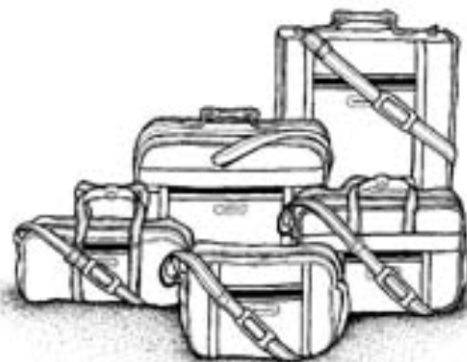
Billing Address

Emergency Address

----- Registrar Use -----

Date Received: _____

Banner: _____



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