



Office Use Only
Processed By:
Date:

STUDENT INFORMATION (incomplete forms may delay your request)

Name: _____
(Last) (First) MI.

Social Security or SC ID# Number: _____ Phone: () _____

Email: (Optional)

ADDRESS TYPE: (Please check one of the following)

- Permanent
- Temporary
- Mail Only

***Old Mailing Address:**

Street Address:	
City:	
State:	Zip Code:

***New Mailing Address:**

Street Address:	
City:	
State:	Zip Code:

Deliver, fax, or mail this completed form to:
Springfield College
Office of the Registrar
263 Alden Street
Springfield, MA 01109
(F) 413-748-3451

Signature: _____ Date: _____