

CHANGE OF NAME OR ADDRESS**INSTRUCTIONS: Name Change:** Complete sections 1 & 2**Address Change:** Complete sections 1, 3 & 4**NOTE:** Students may submit this form and a copy of official documentation to Registrar@massbay.edu. Email must come from the student's MassBay email address only.**Section 1.**

1. MassBay 7-digit student ID _____
2. Social Security Number (optional) _____
3. Date Of Birth _____
4. Full Name (PRINT) _____

Section 2.

1. Previous Full Name (PRINT) _____
2. New Full Name (PRINT) _____

Section 3.

1. Previous Address _____
2. City / State / Zip code _____
3. Check all that apply ☐ Permanent Address ☐ Home Address ☐ Mailing Address ☐ Billing Address ☐ Diploma Address

Section 4.

1. New Address _____
2. City / State / Zip code _____
3. Check all that apply ☐ Permanent Address ☐ Home Address ☐ Mailing Address ☐ Billing Address ☐ Diploma Address

Signature _____

Date _____

FOR OFFICE USE ONLYDate Received in Office:
_____Received By:
_____Date processed:
_____Processed By:
