

OFFICE OF THE REGISTRAR

50 Oakland Street, Wellesley Hills, MA 02481 19 Flagg Drive, Framingham, MA 01702

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Phone (781) 239-2550 Phone (508) 270-4050

www.massbay.edu/registrar/

TTY (781) 239-2513

CHANGE OF NAME OR ADDRESS

INSTR	UCTIONS:	Name Cha	nge: Complete sections 1 &	& 2 Add	ress Change: Complet	e sections 1, 3 & 4	FOR OFFICE USE ONLY	
Student may submit this form and a photo copy of official documentation of the name change such as a court approval of name change, marriage certificate, divorce decree, Social Security card,							Date Received in Office:	
			n papers to Registrar@					
<mark>Email</mark>	must con	<mark>ne from th</mark>	e student's MassBay en	<mark>nail address onl</mark> y	<mark></mark>			
Sectio							December 4 December 1	
1.	MassBay 7-digit student ID						Received By:	
2.	Social Security Number (optional)							
3.	Date Of Birth						Date processed:	
4.	Full Name (PRINT)							
Section 2.								
1.	Previou	ıs Full Name	e (PRINT)				Processed By:	
2.	New Full Name (PRINT)							
Sectio	n 3.							
1.	Previou	ıs Address						
2.	City / S	tate / Zip co	ode					
3.	Check a	all that	Permanent Address	Home Address	Mailing Address	Billing Address	Diploma Address	
Sectio								
1.	New Ac	ddress						
2.	City / State / Zip code							
3.	Check a	all that	Permanent Address	Home Address	Mailing Address	Billing Address	Diploma Address	
Signature:								