

**Official Change of Address Form for Students and Parent/Guardians**  
Office of Records and Registration

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Student I.D. \_\_\_\_\_ Change Effective Date \_\_\_\_\_

Student Signature \_\_\_\_\_

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**Section 1: YOUR NEW ADDRESS**

New Home Address

Home Telephone  
Cell Telephone  
Email Address

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**Section 2: BILLING ADDRESS**

Is this the same as the new **HOME** address?  yes  no  
If no, enter new billing address below.

Billing 1 Name:

New Billing Address:

Billing Telephone:  
Cell Telephone:  
Email Address:

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Return completed request by mail or fax:

Fax 410-337-6085

Welch Center for Graduate and Professional Studies  
Goucher College  
1021 Dulaney Valley Road  
Baltimore, MD 21204  
Phone: 410-337-6200

<p><b>For Office Use Only</b></p> <p>Date Processed: _____</p> <p>Initials: _____</p>
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