

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

Last Name _____ First Name _____ MI _____
Student I.D. _____ Change Effective Date _____

Student Signature _____

Section 1: YOUR NEW ADDRESS

New Home Address

Home Telephone
Cell Telephone
Email Address

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:

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