



# ASSUMPTION COLLEGE

500 Salisbury Street, Worcester, Massachusetts 01609-1296

OFFICE  
OF  
REGISTRAR

## CHANGE OF INFORMATION

STUDENT ID NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ FORMER: \_\_\_\_\_  
(PLEASE PRINT)

CAMPUS BOX NO. \_\_\_\_\_

**PLEASE CHANGE MY RECORDS TO REFLECT THE FOLLOWING ADDRESS CHANGE:**

\_\_\_\_\_ STREET

\_\_\_\_\_ CITY STATE ZIP

( )

\_\_\_\_\_ AREA CODE PHONE NUMBER

**PLEASE INDICATE BELOW IF WE SHOULD ALSO CHANGE YOUR PARENTS' ADDRESS:**

PARENTS' ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

MOTHER'S ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

FATHER'S ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP