



# ASSUMPTION COLLEGE

500 Salisbury Street, Worcester, Massachusetts 01609-1296

OFFICE  
OF  
REGISTRAR

## CHANGE OF INFORMATION

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

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

FORMER: \_\_\_\_\_

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