

MASSART
MASSACHUSETTS COLLEGE
OF ART AND DESIGN
OFFICE OF THE REGISTRAR
ADDRESS CHANGE ORDER

NAME _____

MASSART ID # _____ **SOCIAL SECURITY #** _____ (optional)

Local Address: _____ **Would you like bills sent here? __ YES __ NO**

(You physical residence, that is used for most of our correspondence.)

Address _____ Apt # _____

City _____ State _____ Zip _____

() _____ () _____

Home Phone _____ Cell Phone _____

Email Address _____

Billing Address: _____

(The address used for your billing and financial aid correspondence.)

Address _____ Apt # _____

City _____ State _____ Zip _____ Country _____

() _____

Phone Number _____

Permanent Address/Parent Address: Is this your EMERGENCY CONTACT? __ YES __ NO

(circle one or both)

(Your legal residence used for tax and residency purposes.)

NAME _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Country _____

() _____ () _____

Phone Number _____ Work Number _____

YOUR SIGNATURE _____ **DATE** _____

May we release directory information? __ YES __ NO