



Cambridge College
Office of the Registrar

Request to Change Student Information

Check off Location

- | | |
|---|---|
| <input type="checkbox"/> Cambridge, Ma Campus | <input type="checkbox"/> Springfield, MA Site |
| <input type="checkbox"/> San Juan, PR Site | <input type="checkbox"/> Lawrence, MA Site |
| <input type="checkbox"/> Chesapeake, VA Site | <input type="checkbox"/> Augusta, GA Site |
| <input type="checkbox"/> Ontario, CA Site | <input type="checkbox"/> Other _____ |

Student Information
Change of Address

Student ID# _____ US SS# ____/____/____

Name _____ Contact Telephone (____) ____ - ____ Home/ Cellular
(____) ____ - ____ Work

Email Address _____

Previous Residence

Current Residence

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Contact Telephone (____) ____ - ____ Home/ Cellular
(____) ____ - ____ Work Ext. ____

Contact Telephone (____) ____ - ____ Home/ Cellular
(____) ____ - ____ Work Ext. ____

Email Address _____

Email Address _____

Signature _____

Date ____/____/____

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