



OFFICE OF THE REGISTRAR
MARIST COLLEGE
CHANGE OF ADDRESS



CWID: Name:

INTERNATIONAL STUDENT Yes No

******* PLEASE CLEARLY PRINT ALL INFORMATION AS REQUESTED *******
I hereby authorize Marist College to change my address on all my records.

New Legal Address (Permanent, Billing):

Cell phone Number:

Old Address: _____

New Local Address (Off-Campus):

Cell phone Number:

Old Address: _____

Signature:

Please be advised that we need 3-5 business days to process.
Email to: Registrar's Office Marist College
registrar@marist.edu