MARIST COLLEGE
OFFICE OF THE REGISTRAR
CHANGE OF ADDRESS FORM

NAME: _____ CWID: _____

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: _____ Personal Email Address: _____

Old Address:

_____

_____

New Local Address:

_____

_____

_____

Old Local Address:

_____

_____

Cell Phone Number: _____ Personal Email Address: _____

Signature: (required) _____

Submit form to : Registrar@marist.edu or
Registrar's Office - Marist College, 3399 North Road, Poughkeepsie, NY 12601