



Registrar's Office
950 Main Street
Worcester, MA 01610

Change of Address/Telephone Request

Name: _____

Clark ID #: C _____

Please change my address(es) and telephone number(s) as indicated below.

Type of Address (please check one):

Permanent address (usually parent/home address, unless you are an independent student)

NOTE: The campus mailbox or department may NOT be used as a permanent address.

Temporary address (Please include dates: from _____ to _____)

Mailing address

Your 'local' address may be changed on your CUWeb account (current students only).

New Address:

Street _____

City _____

State _____ Zip Code _____ Country (if not USA) _____

Tel. _____

Signature _____ Date _____

Please check: Undergraduate student **or** Graduate student