

Graduate Enrollment Office

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.644.3102 | Fax: 603.644.3144

Address / Phone / Email Change Form

All information must be completed in full and written legibly to be processed

SSN: _____ ID # _____ Today's Date _____
 Last Name: _____ First Name: _____ Middle Name: _____

Address Change – List both the old address that needs to be changed and the new address. Indicate address type below.

Home Local Permanent Business Billing (A/R) Seasonal Begin _____ End _____

Old Address _____

New Address _____

City: _____

City: _____

State: _____

State: _____

Zip/Postal Code: _____

Zip/Postal Code: _____

Country: _____

Country: _____

If your address is a post office box, you must also supply your physical street address here.

Street Line 1: _____

Street Line 2: _____

City: _____

State: _____

Zip/Postal Code: _____

Country: _____

Comments: _____

E-Mail Address Change

Old E-mail Address

New E-mail Address

Personal / Home _____
 Business _____
 Distance Ed. _____

Phone Number Change

Old Phone Number

New Phone Number

Home () _____
 Local () _____
 Fax () _____
 Business () _____
 Permanent () _____
 Cellular () _____
 Other _____ () _____

For Office Use Only - Please forward this change to the Database Management Office

Change Submitted By : _____ Department: _____ Date: _____