DAEMEN COLLEGE – OFFICE OF THE REGISTRAR

CHANGE OF NAME AND/OR ADDRESS

STUDENT INFORMATION

_____ Permanent Mailing Address

_____ Local Off-Campus Address

Name _____

Street Address _____

City & State _____ Zip Code _____

Telephone Number _____

Resident or Commuter _____

PARENT INFORMATION

_____ Permanent Address of Parent(s)

_____ Permanent Address of Person(s) to contact in case of Emergency

Name _____

Street Address _____

City & State _____ Zip Code _____

Telephone Number _____

Signature of Student _____ Class _____ Current Date _____ Effective Date _____

Social Security Number _____

Form received on _____

by _____

NOTE: CONFIRMATION OF LOCAL OFF-CAMPUS ADDRESS SHOULD BE MADE WITH THE OFFICE OF THE REGISTRAR EACH SEMESTER.