DAEMEN COLLEGE
4380 Main St., Amherst, NY 14226-3592

Office of the Registrar
DS 120

CHANGE OF ADDRESS

STUDENT INFORMATION

☐ Mailing Address ☐ Residence

** If mailing address and residence is the same, please check **both** boxes.*

NAME: _____
Last First Middle Initial

ADDRESS: _____
Number and Street

_____
City State Zip Code

_____ _____
Home Phone Number Cell Phone Number

_____ _____
Student Signature Current Date

_____ _____
Student ID Number Effective Date

For use of the Office of the Registrar/Registration:

Form Received On: _____ Received By: _____ Date Processed: _____