



Change of Address/Personal Data Form Springfield College

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

Student Name: _____
(Please print) (Last) (First) (Middle) (Suffix)

Maiden Name: _____ **SC I.D.#:** _____ **SS #:** _____ **Date of Birth:** _____

Gender (Circle): M F **Ethnicity (Optional-Circle):** White/Non-Hispanic (G) Black/Non-Hispanic (C)
Amer Indian/Alaskan Native (A) Asian/Pacific Islander (B) Hispanic (F)
Non-resident Alien (I) Other (H) Choose not to report (U)

Please complete only the information that has changed:

Campus address (If resident): _____ **Phone:** _____

Local/Off-campus Address (If commuter): _____ **Phone:** _____

Permanent Mailing Address: _____ **Phone:** _____

Other (ex. Parent/Guardian, Divorced Parent): _____ **Phone:** _____

Please indicate the address that should be used for campus mailings: _____

*** Springfield College protects access to student directory information in accordance with the Family Educational Rights and Privacy Act. Directory information may be provided unless a student has filed a written request to withhold this information. Springfield College considers the following information as "directory information": name, campus mailbox, campus phone number, enrollment status, dates of attendance at the College, major, credit hours earned, degrees earned, honors received. (SC Catalog, P. 21)

Would you like your directory information to be withheld (Circle)? Y N

PLEASE NOTE: Requesting that your directory information be withheld will prevent the information from being released to a third party AND from appearing in the Springfield College directory.

Student Signature: _____

Signature Date: _____

<p align="center">Office of the Registrar Use Only</p> <p>PROCESSED BY: _____ DATE: _____</p>
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