



1000 State Street | Springfield, MA 01109 | 1.800.242.3142 | www.aic.edu

## Change of Address

Name: \_\_\_\_\_ Date: \_\_\_\_\_

ID#: \_\_\_\_\_

### Permanent Address (Where you reside when you're not on campus, P.O. Box will NOT be accepted)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

### Billing Address (Where you would like all mail to be sent, including billing)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

### Local Address (Where you live during the academic year. Can be on-campus or off-campus housing)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_