

Change of Address Form

All students living on or off campus must complete this form upon arrival.

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On-campus**

Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

83 Windham Street, Willimantic, CT 06226

**Off- campus**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Apartment #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town State Zip Code