

# ADDRESS CHANGE FORM

It is the responsibility of the student to notify the Registrar's Office as soon as possible when change in address occurs in order to assure timely correspondence from all departments at the Boston Architectural College.

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ BAC ID# \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ BAC Email: \_\_\_\_\_@the-bac.edu  
Degree Program: \_\_\_\_\_

## CURRENT ADDRESS ON FILE

Street Name: \_\_\_\_\_  
Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_

## NEW ADDRESS

Check One:  Current Address  Permanent Address  Business Address

Street Address: \_\_\_\_\_  
Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Office Use Only:

|            |                |                   |                |
|------------|----------------|-------------------|----------------|
| Rec. Date: | Reg Signature: | Bursar Signature: | F.A. Signature |
|------------|----------------|-------------------|----------------|