The College of William and Mary
Office of the University Registrar
Blow Memorial Hall – Room 108
P.O. Box 8795
Williamsburg, VA 23187-8795
(757) 221-2800 Fax: (757) 221-2151
registrar@wm.edu

CHANGE OF ADDRESS

FOR CURRENTLY ENROLLED STUDENTS

***PARENT ADDRESSES and RELEASES -**If you have Parental addresses or if you want to remove or add releases, you must change those with the Dean of Student's Office.*

****BILLING** – If you want billing address that differs from your mailing address, you must contact the Bursar's Office.*

NAME: _____ **ID NUMBER: 93**_____
Last First Middle

☐ **CHANGE OF MAILING ADDRESS** *(for College Correspondence)*

☐ ***I have filed a Candidacy Form for Graduation and would like this address used for mailing my diploma***

Effective Date of Change: _____
Day/Month/Year

New Mailing Address:

_____
Street Address, Apt # City State Zip

Phone: _____
(Area Code and Number)

☐ **CHANGE OF LOCAL ADDRESS** *(For Off-Campus Students Only- Students not living in Residence Halls)*

Effective Date of Change: _____
Day/Month/Year

New Local Address:

_____
Street Address, Apt. # City State Zip

Phone: _____
(Area Code and Number)

☐ **CHANGE OF PERMANENT ADDRESS** *(Where the College can contact you or a family member even after you graduate)*

Effective Date of Change: _____
Day/Month/Year

New Permanent Address:

_____
Street Address, Apt. # City State Zip

Phone: _____
(Area Code and Number)

STUDENT SIGNATURE: _____ **Date**_____

FOR OFFICE USE ONLY

Received _____ *Date* Processed _____*Date and Initials*