



**Office of The Registrar**

50 Oakland Street, Wellesley Hills, MA 02481  
 19 Flagg Drive, Framingham, MA 01702  
 250 Eliot Street, Ashland, MA 01721  
 E-mail: [registrar@massbay.edu](mailto:registrar@massbay.edu)

Phone (781) 239-2550  
 Phone (508) 270-4050  
 Phone (508) 881-9393  
[www.massbay.edu](http://www.massbay.edu)

Fax (781) 239-2525  
 Fax (508) 872-4067  
 Fax (508) 881-2513  
 TTY (781) 239-2513

## CHANGE OF NAME, ADDRESS &/OR E-MAIL

**Instructions:**

Name Change; Complete sections 1 & 2  
 Address Change; Complete sections 1, 3 & 4  
 E-mail Change; Complete sections 1 & 5

**Note: Any student wishing to change their name must provide proof of original official documentation with this form. Only notarized photo copies will be accepted.**

**Section 1.**

1. Today's Date \_\_\_\_\_
2. Name \_\_\_\_\_
3. Phone ( \_\_\_\_\_ ) \_\_\_\_\_
4. This change will take effect on (Date) \_\_\_\_\_
5. MassBay 7-digit student ID \_\_\_\_\_
6. Social Security Number (optional) \_\_\_\_\_

**Section 2.**

1. Previous Name \_\_\_\_\_
2. New Name \_\_\_\_\_

**Present proof of original official documentation of new name with this form, or notarized photo copies.**

3. New E-mail Address  yes  no If yes, complete section 5.

**Section 3.**

1. Previous Address \_\_\_\_\_
2. City / State / Zip code \_\_\_\_\_
3. Phone ( \_\_\_\_\_ ) \_\_\_\_\_
4. E-mail Address \_\_\_\_\_
5. Check all that apply  Permanent Address  Home Address  Mailing Address  Billing Address  Diploma Address

**Section 4.**

1. New Address \_\_\_\_\_
2. City / State / Zip code \_\_\_\_\_
3. Phone ( \_\_\_\_\_ ) \_\_\_\_\_
4. Check all that apply  Permanent Address  Home Address  Mailing Address  Billing Address  Diploma Address

**Section 5.**

1. New E-mail Address \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Received in Office:  
 \_\_\_\_\_

Date recorded in system:  
 \_\_\_\_\_

Received By:  
 \_\_\_\_\_

Processed By:  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_