



Manor College
Office of the Registrar
(215) 780-1187
Fax (215) 780-1950

CHANGE OF ADDRESS FORM

NAME (PRINT): _____ Student ID (Manor or SS#) _____

PLEASE **CIRCLE** WHICH ADDRESS NEEDS TO BE CHANGED: HOME - LOCAL - BILLING

OLD ADDRESS:

NEW ADDRESS:

NUMBER AND STREET

NUMBER AND STREET

APT. OR FLOOR (IF APPLICABLE)

APT. OR FLOOR (IF APPLICABLE)

CITY, STATE, ZIP

CITY, STATE, ZIP

(____) _____
TELEPHONE

(____) _____
TELEPHONE

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(____) _____
TELEPHONE

(____) _____
TELEPHONE

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CITY, STATE, ZIP

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(____) _____
TELEPHONE

(____) _____
TELEPHONE

Please complete and submit this form to the Registrar's Office located in the Basileiad Library Building, bottom floor, room 3.

STUDENT SIGNATURE: _____ DATE: _____

Registrar's Office use only:

Received: _____ Entered: _____ Scanned: _____ Attached: _____