

In order to make your important information available to various offices at D'Youville College, please **RETURN THIS FORM TO THE REGISTRAR'S OFFICE.**

You will also need to notify ECSI of your address change in order to receive your refund check.

Student Name (**PRINT**): _____

Student ID: _____

NEW ADDRESS:

Street Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____ Check here if address is outside of USA

Phone #: (_____) _____

E-mail Address: _____

Please check which type of address this refers to:

- Local Address/Dorm (where you live during the semester)
- Permanent Address (where you want your grades and your bills sent)
- Contact in case of emergency

Effective Date: _____

Student **Signature:** Date: _____

Registrar Office Use ONLY:

Entry Date: _____ Processor: _____