



CHANGE OF ADDRESS

OFFICE OF REGISTRAR

Are you receiving VA Benefits? Yes___ No___

 LAST NAME FIRST NAME M.I.

Student ID _____

NEW ADDRESS:
 A new address must be substantiated by official documentation such as: a driver's license, state I.D. or passport.

 Street Apt. City State Zip Code

 Phone

_____/_____/_____
 Today's Date Signature of Student

Submit signed and completed form along with copy of official documentation to:
 Marygrove College
 Office of Registrar
 8425 West McNichols Road
 Detroit, MI 48221-2599

DO NOT WRITE BELOW THIS LINE

Return to the Registrar's Office or fax to (313) 927-1505.

_____/_____/_____
 Date Authorized Signature