



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School
Registrar's Office • 51 Brattle Street, Cambridge, Massachusetts 02138-3722
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Student Change of Address Form

You may change your mailing address, e-mail address, telephone number, and emergency contact information online using your Division of Continuing Education (DCE) or your Harvard University (HU) login credentials. Alternatively, or if you do not know your login credentials, you may submit this form to the Registrar's Office at the address or e-mail above.

Please print clearly.

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

DCE ID NUMBER (if known)	OR	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994						
@			<table border="1"> <tr> <td>Month (MMM)</td> <td>Day(DD)</td> <td>Year (YYYY)</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month (MMM)	Day(DD)	Year (YYYY)			
Month (MMM)	Day(DD)	Year (YYYY)							
(see www.extension.harvard.edu/login if unsure)									

- This is a change to your:
- E-mail address
 - Daytime phone number
 - Cell phone number
 - Current mailing address
 - Permanent address
 - Emergency contact information

Are you submitting this form because you need to request your DCE ID or PIN? Yes No

If yes, DCE ID and PIN retrieval instructions will be e-mailed to the address below.

NEW E-MAIL ADDRESS (must be student's personal and unique address)

NEW ADDRESS (check all applicable: <input type="checkbox"/> current mailing <input type="checkbox"/> permanent)						
Street and number						
<table border="1"> <tr> <td>City</td> <td>State/Province</td> <td>Zip/Postal code</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	City	State/Province	Zip/Postal code			
City	State/Province	Zip/Postal code				
Country (if other than US)						

NEW DAYTIME PHONE NUMBER	NEW CELL PHONE NUMBER

NEW EMERGENCY NOTIFICATION INFORMATION			
First name	Last name		
Street and number			
City	State/Province	Zip/Postal code	
Country (if other than US)	Telephone number (area/country code)		

By signing below, I confirm that the above information is true and correct and I accept full responsibility for submitting it to the Division of Continuing Education Registrar's Office.

Student signature _____ Date _____

Document must be signed with a real signature. Digital signatures are not accepted.