



# HARVARD EXTENSION SCHOOL

Division of Continuing Education

Registrar's Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 998-8468

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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 ID number (DCE ID, starting with @) and PIN or your Harvard University ID number (HUID) and PIN. Alternatively, or if you do not know your DCE ID number or PIN, you may submit these changes by mailing or faxing this form to the Division of Continuing Education Registrar's Office.

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)	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994
@		
(see <a href="http://www.extension.harvard.edu/login">www.extension.harvard.edu/login</a> if unsure)		Month (MMM) Day (DD) Year (YYYY)

- 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		
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.