



Demographic Information Change FormOffice of the Registrar

Student ID #:				
Change of Local Addres	s:			
Address				
City	State	Zip Code		
Change of Permanent A	ddress:			
Address				
	State			
Change of Phone Numb	er:			
Home Phone #	Cell Phone	Cell Phone #		
Change of Personal Ema	ail Address			
Personal Email Address				
Student Signature Date		Date		

Fax: 617.477.2030

Email: registrar@williamjames.edu as attached .pdf

Drop off at the Registrar's Office