HARVARD SUMMER SCHOOL
Registrar's Office
51 Brattle Street, Cambridge, Massachusetts 02138-3722 • (617) 998-8469 • Fax: (617) 998-8468

For office use only
Received _____
Processed _____

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 ID number or PIN, you may submit these changes by mailing or faxing this form to the Summer School 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)

@ | | | | | | | | |

(see www.extension.harvard.edu/login if unsure)

Date of birth example: JAN 01 1994

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
- ❑ Summer/Temporary address (valid from _____ to _____)

Are you submitting this form because you need to request your ID or PIN? ❑ Yes ❑ No
If yes, 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: ❑ current mailing ❑ Permanent ❑ Summer/temporary

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** _____