

**THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY**

For M.D. Students or Graduates of the M.D. Program ONLY

CHANGE OF ADDRESS FORM

This form serves to officially notify the Medical School Registrar's Office that a student has changed their local or permanent address.

Student Name: _____

Student ID Number: _____

Medical Center Box #: _____

Class of: _____

Are you changing your **local** or **permanent** address?
(circle one)

OLD ADDRESS:

NEW ADDRESS:

OLD Address

NEW Address

Street

Street

Apt #

Apt #

City State Zip

City State Zip

Phone

Phone

<http://www.urmc.rochester.edu/smd/mdregistrar/forms/changeaddress.html>;

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