TEACHERS COLLEGE, COLUMBIA UNIVERSITY
Office of the Registrar

CHANGE OF INFORMATION FORM

NAME _____ ID# _____
Last Name, First Name

ADDRESS CHANGE

This will change your address as used by all TC administrative offices. If you are an employee (including work-study), you should also change your W-2 address with the Human Resources Office. **Please note that students can now change their mailing and permanent addresses online at http://my.tc.edu. Use this form only if you cannot access the online system or if you would like to designate confidentiality (at the bottom of the form).**

New Mailing Address:

_____ ( ) _____
Street Address 1 Area code Phone Number

_____
Street Address 2

_____ City
County State ZIP Code

☐ Check this box if your mailing address is the same as your permanent address.

New Permanent Address:

_____ ( ) _____
Street Address 1 Area code Phone Number

_____
Street Address 2

_____ City
County State ZIP Code

*If your permanent address is outside of the United States, list **country**:* _____

Do you wish that your directory information be withheld from the public (including Classweb)?

☐ YES ☐ NO

* The College may release "directory information" with respect to a student. As currently designated by TC, directory information includes name, mailing address, campus address, permanent address, photo, e-mail address, University Network ID (UNI), degree program, major field of study, dates of attendance at TC, enrollment status (i.e., full-, half-, or part-time), degrees conferred, dates of degrees conferred, dissertation title, dissertation committee members, master's essay title, and master's essay sponsor. By checking "yes," you indicate to the College that you do not want any directory information released to the public without your specific written authorization.

STUDENT SIGNATURE _____ DATE _____