



NEW HAMPSHIRE INSTITUTE OF ART

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Change Contact Information

- Please fill out all that apply
- Please print clearly
- Allow 5-7 business days for processing

Last Name	First Name	MI	ID #	SS #	M-Male F-Female
<input type="checkbox"/> Check if name change					
Previous Name:					
E-mail			Cell Phone		
Your permanent home address (Home Address)	City	State	Zip	Phone	
<input type="checkbox"/> Check if new					
Address where your Bills are to be mailed (Billing Address)	City	State	Zip	Phone	
<input type="checkbox"/> Check if new					
Temporary address to send mail now (Mail Address)	City	State	Zip	Phone	
Temporary address starts on this date: _____ and ends on _____					
Your comments:					

Student acknowledges that he/she is responsible for tuition, fees, and related Institutional costs.

Student Signature

Date

MUST BE SIGNED AND RETURNED TO REGISTRAR