



Albert Einstein College of Medicine

Office of the Registrar
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Bronx, NY 10461

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Einstein-MDregistrar@einsteinmed.org

Change of Address Form (MD)

It is the responsibility of each student to notify the Office of the Registrar of any change of address. Students are held responsible for all correspondence that is sent to them at an old address by any office until they report the new address to the Registrar's office.

Name _____ Banner ID _____
Last First M.I.

Alumnus who graduated in the Class of _____ Date of Birth _____

NEW ADDRESS Effective Date: _____

Mailing Address

City, State Zip

Phone Number

OLD ADDRESS

Mailing Address

City, State Zip

Phone Number

Comments or Special Instructions (if the change is of a temporary nature, please indicate details of duration)
