University Registrar's Office
Change of Address Form

Please provide all of the information requested.

Name: ____________________________ Suffolk ID: ____________________________
Email: ____________________________
Day Phone: _________________________ Dates of Attendance: _________________________

ADDRESS CHANGE
This is my OLD address:
Street: ____________________________ Apartment/Unit#: ____________________________
City: ____________________________ State: _______ Zip Code: ____________________________
Country: __________________________

This is my NEW address: (Check all that apply) □ Home □ Local* □ Billing Address
*Local Address: Where you live while attending Suffolk (excluding Residence Halls)
Street: ____________________________ Apartment/Unit#: ____________________________
City: ____________________________ State: _______ Zip Code: ____________________________
Country: __________________________
Home Phone: _________________________
Would you like this to be your mailing address? □ Yes □ No

Special Instructions: ____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Submit requests by mail to University Registrar’s Office, 8 Ashburton Place, Boston, MA 02108, Fax to 617-573-8703 OR Email at registrar@suffolk.edu. Address changes are typically recorded within 24 hours. Questions? Call the University Registrar’s Office at 617-573-8430.

Student Signature (Required): ___________________________________________ Date: _____________________