



Please type or print firmly and provide all of the information requested.

Name _____ Date of Birth ____/____/____
Suffolk ID # (required) _____
Daytime Phone (_____) _____ E-Mail Address _____
Approximate Dates of Attendance (MM/YY): ____/____ to ____/____

ADDRESS CHANGE
This is my **old** address:
Street: _____ Apartment/Unit #: _____
City: _____ State: _____ Zip: _____
Country (if other than USA): _____
This is my **new** (check all that apply): Permanent Address Mailing Address Billing Address
Street: _____ Apartment/Unit #: _____
City: _____ State: _____ Zip: _____
Country (if other than USA): _____ Home Phone: (_____) _____

Special Instructions: _____

Please note: Submitting this form will change your address in all offices **EXCEPT** Payroll. Please contact the Payroll Office at 617-305-1950 to update your address if you receive paychecks (this includes workstudy students) from the University.

Address changes are typically recorded within 24 hours. Please note that you may continue to receive mailings at previous addresses if labels have been produced prior to this change taking effect. Mail requests to Office of the Registrar, 41 Temple Street, Boston, MA 02114 **OR** fax to 617-573-8703. Questions? Call the Office of the Registrar at 617-573-8430.

Student Signature (required): _____ Date _____