

Office of the Registrar
Name/Address Change Request

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

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

NAME CHANGE	
Name changes require official documentation showing change. Acceptable documents include marriage licenses, court ordered name change documents, and social security cards. These documents must be attached or a name change cannot be processed in our office.	
New Last Name _____	
New First Name _____	New Middle Name/Initial _____

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): <input type="checkbox"/> Permanent Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> 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 _____