



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 uro@suffolk.edu. Address changes are typically recorded within 24 hours. Questions? Call the University Registrar's Office at 617-557-2010.

Student Signature (Required): _____ Date: _____