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: ______________