



Name/Address Change Request Form

Name: _____ Suffolk I.D.: _____

Social Security Number (required): _____ Date of Birth: _____

Daytime Telephone: _____ Email: _____

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 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 617/573-8329 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): _____