



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): 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 _____