



Office of the Registrar
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OFFICE USE ONLY
Date Recorded: _____
Recorder Initials: _____

CHANGE OF ADDRESS/PHONE

Student Name: _____ Student Signature: _____ Student ID: _____

STUDENT ADDRESS CHANGE
Type of Address Change (Check ALL that apply): <input type="checkbox"/> Permanent/Home <input type="checkbox"/> Mailing <input type="checkbox"/> Billing
Print OLD Address: Number & Street: _____ Apartment: _____ City: _____ State & Zip Code: _____
Print NEW Address: Number & Street: _____ Apartment: _____ City: _____ State & Zip Code: _____

STUDENT PHONE CHANGE
Print OLD Number: Home Telephone: (_____) _____ Cell Phone: (_____) _____
Print NEW Number: Home Telephone: (_____) _____ Cell Phone: (_____) _____