



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):

- Permanent/Home Mailing 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: (_____) _____