



## **CHANGE OF ADDRESS**

### **Student Information**

Student ID#: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Change of Address Information**

#### **Old Address**

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home/Permanent Address ☐ or Local/Mailing Address ☐

#### **New Address\***

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Home/Permanent Address ☐ or Local/Mailing Address ☐

\*If you are a foreign student, on a visa, your permanent residence must remain as your foreign country and only your local residence address may change. The student must also notify the SUNY Maritime College International Student Coordinator located on campus concerning any changes.

Note: Changing your address from one state to another does not imply change of residency for tuition rate purposes. Please see the Student Accounts webpage for tuition residency policy.

**By signing below you confirm that the changes provided are accurate and correct:**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form along with any required documentation must be submitted to the Office of the Registrar. Please allow 1-2 days for processing.**

Office of the Registrar

6 Pennyfield Avenue, Throggs Neck, NY 10465 | 718.409.7266 | [www.sunymaritime.edu](http://www.sunymaritime.edu)