



# Change of Address

Harvard Law School  
Office of the Registrar

**Student's Name (Last, First, Middle Initial)**

**ID Number or Social Security Number**

\_\_\_\_\_

\_\_\_\_\_

PLEASE CHECK APPROPRIATE ADDRESS:

\_\_\_\_\_ PERMANENT HOME ADDRESS

\_\_\_\_\_ LOCAL ADDRESS

\_\_\_\_\_  
STREET ADDRESS                      APT #

\_\_\_\_\_  
CITY                      STATE                      ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_ HOME    \_\_\_ CELL    \_\_\_ WORK

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Fax this form to: (617)496-8907

Or mail this form to: Office of the Registrar  
Harvard Law School  
300 Pound Hall  
1563 Massachusetts Ave  
Cambridge, MA 02138