



**WESTERN CONNECTICUT STATE UNIVERSITY**  
OFFICE OF THE REGISTRAR

**CHANGE OF ADDRESS OR NAME FORM**

I.D. NO. \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

**Are you a student worker at Western?** \_\_\_\_\_

**NEW MAILING ADDRESS:**

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NO. (    ) \_\_\_\_\_

**CHANGE OF NAME**

(Attach copy of marriage license, court order or driver's license)

**CHANGE OF NAME (MARRIED)**

FORMER NAME \_\_\_\_\_

MARRIED NAME \_\_\_\_\_

**CHANGE OF NAME (LEGAL)**

FROM \_\_\_\_\_

TO \_\_\_\_\_

**Student's signature** \_\_\_\_\_

**Please complete this form and return it to the Office of the Registrar or fax it with  
the appropriate documentation**