



Central Connecticut State University

Start with a Dream. Finish with a Future.

Office of the Registrar

CHANGE OF ADDRESS OR NAME FORM

I.D. NO: _____ DATE: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

(Check:) _____ UNDERGRADUATE _____ GRADUATE

CHANGE OF ADDRESS (NEW)

MAILING ADDRESS (Where you want to receive your mail)

STREET: _____

CITY, STATE, ZIP: _____

PHONE NO. : () _____

CHANGE OF NAME (ATTACH MARRIAGE LICENSE OR COURT ORDER)

CHANGE OF NAME-MARRIED

FORMER NAME: _____

MARRIED NAME: _____

CHANGE OF NAME-LEGAL (ATTACH COURT ORDER)

FROM: _____

TO: _____

Student's signature: _____

Please complete this form and return to the Office of the Registrar. (fax) 860-832-2250

Office of the Registrar, Davidson Hall 115, 1615 Stanley Street, New Britain, CT 06050

Revised 5/04