

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 (When	re you want to receive your mail)	
STREET:		
CITY, STATE, ZIP:		
PHONE NO: ()		
CELL PHONE NO. ()		
CHANGE OF NAME (Attach Marriage License, Court Order or Photo Driver's License)		
CHANGE OF NAME-MARR	<u>IED</u>	
FORMER NAME:		
MARRIED NAME:		·
CHANGE OF NAME-LEGAL	L (Attach Court Order or Photo Driver's License)	
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