



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: () _____

CELL PHONE NO. () _____

CHANGE OF NAME

(Attach Marriage License, Court Order or Photo Driver's License)

CHANGE OF NAME-MARRIED

FORMER NAME: _____

MARRIED NAME: _____

CHANGE OF NAME-LEGAL (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, Willard Hall-First Floor, 1615 Stanley Street, New Britain, CT 06050