

ADDRESS CHANGE

Student Name: _____ Student ID A#: _____

Previous Address: _____
STREET CITY STATE/ZIP

New Address: _____
STREET CITY STATE/ZIP

I am requesting that Westfield State University update the address it has on file for me. I understand that upon update, all correspondence from the University will be directed to the new address.

Signature of Student: _____ Date: _____

LEGAL NAME CHANGE

Current Name on File: _____ Student ID A#: _____

New Name: _____ Date: _____

Documentation of the new name is required. Accepted documentation: Driver’s License **and** Social Security Card, Passport, or Court Order. The Registrar’s Office will keep on file a photocopy of the documentation and this request. This is only for a legal name change, if you are looking to document a preferred name, please see the Registrar’s Office for a different form.

I am requesting that Westfield State University update the name it has on file for me. I understand that upon update, all official documents, email and other correspondence from the college will use the new name.

Signature of Student: _____ Date: _____

Note for active students: your university email address is based upon your name and id#. Approximately 5 days after we change your name, we will also change your university email address. Your *new* email address will be: 1st initial, last name, last 4 digits of ID.

Example: OLD kjones4136@westfield.ma.edu NEW ksmith4136@westfield.ma.edu

Return Completed Form to Mailing Address: Office of the Registrar, 577 Western Ave, Westfield, MA 01086
On Campus: Parenzo Hall Room 150