



## Incoming Student Change of Name Request

Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

*Please attach copy of marriage license, court order, driver's license or passport.*

Change of Name (Married)
Former Name:
Married Name:

Change of Name (Legal)
Former Name:
New Legal Name:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit Form To:  
WCSU Admissions Office, Old Main 203, 181 White Street, Danbury, CT 06810  
Email: [Admissions@wcsu.edu](mailto:Admissions@wcsu.edu)