

# CHANGE OF NAME FORM

Please complete this form and it return to the Office of Graduate Studies Old Main Rm101 or  
Fax to (203) 837-8326 or [graduateadmissions@wcsu.edu](mailto:graduateadmissions@wcsu.edu)



OLD INFORMATION		
Student ID#	EMAIL:	
Last Name		
First Name		
M.I.		
STREET ADDRESS		
CITY/STATE/ZIPCODE		
TELEPHONE		
Notes:		

NEW INFORMATION - Change of Name requires a copy of your marriage license, court order, or driver's license.
Last Name
First Name
M.I.
STREET ADDRESS
CITY/STATE/ZIPCODE
TELEPHONE

## NOTES (office use only):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Signature

\_\_\_\_\_  
Date