



ADDRESS CHANGE FORM

Office of the Registrar
181 White Street,
Old Main 102
Danbury, CT 06810
Phone: (203) 837-9200
Fax: (203) 837-9049
www.wcsu.edu/registrar

Personal Information:

Student ID number: _____ First Name: _____ Last Name: _____

Date of Birth: _____

Address Information:

New Address: _____
Address City/State Zip Code

Previous (Old) Address: _____
Address City/State Zip Code

Add Contact Information:

Phone Number: () _____ Circle One: Home Work Cell Other

Email Address: _____

Please note that all official communications must be made using your University (@wcsu.edu) email address.

Are you a student worker? Circle One: Yes No

If you are employed by the University you must also update your mailing information with Human Resources. Please contact hrintern@wcsu.edu or visit Human Resources on the first floor of University Hall.

I affirm that I am the above-named person and that the information presented is true.

Student Signature: _____ Date: _____