

Change of Name or Address

Student ID Number: _____ Birthdate: _____

Name: *Last* _____ *First* _____ *Middle* _____

Previous Name: *(if applicable)* _____

New Mailing Address: *(if applicable)* _____

City _____ *State* _____ *Zip* _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Please complete all information and mail, deliver, or fax to the Registrar's Office.

Registrar's Office
Goodwin University
One Riverside Drive
East Hartford, CT 06118
(860) 727-6708
Fax: (860) 291-8610

Documentation is required, please include with this form. (ie: a piece of mail, marriage license, etc...)

Student Signature: _____ Date: _____