



Office of the Registrar
One Riverside Drive
East Hartford, CT 06118
860-727-6708 FAX 860-291-8610

CHANGE OF NAME OR ADDRESS

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

Student ID Number: _____ or Birth Date: _____

Name: _____
Last First Middle

Previous Name (if applicable) _____

DOCUMENTATION REQUIRED (i.e. driver's license, marriage license, etc.)

New Mailing Address: (Please Print)

Street _____

City State Zip

Phone Numbers: home _____

work _____

cell _____

Email address: _____

Signature _____ Date _____