

Change of Address – Name - Phone

Division of Graduate & Continuing Education

_____ **OR** _____
Student Name (Please Print) Student Number (CWID) Social Security Number

Name Change

_____ **TO** _____
Changing Name *From* (Please Print) Changing Name *To* (Please Print)

Documentation of the new name is required. We will accept a driver's license with social security number, social security card, passport or court order. Documentation of this change will become a permanent part of your student record.

Address Change

Former Address

New Address

Phone Number Change

Signature

Date

Important: Please note that your WSC email address will change accordingly with a change in name. Your changed email address will be the first initial of your first name, your new last name (up to 15 characters) and the last 4 digits of your student number (CWID).

Example: (Former) asmith6349@wsz.ma.edu
(Changed) ajones2319@wsz.ma.edu