



OFFICE OF THE REGISTRAR

Fredericksburg Campus
Lee Hall 206
Phone: (540) 654-1063
Fax: (540) 654-2145

Stafford Campus
South Building 144
Phone: (540) 286-8008
Fax: (540) 286-8000

Office Use Only
DATE _____
USER _____

ADDRESS/NAME CHANGE FORM

ID Number: _____

Current Student Name: _____
Last First Middle

** If you are changing your name, please attach a copy of legal documentation indicating the name change.*

New Student Name*: _____
Last First Middle

New Mailing Address:

_____ Street

_____ City State Zip

_____ Telephone

_____ Student Signature

_____ Date

Please return this form to the Office of the Registrar.

If you are student employee, you must contact the Student Employment Coordinator regarding additional requirements for changing your name on employment and payroll records.