

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: _____

YOU MAY:

- Drop off form to: One Riverside Drive, East Hartford, CT 06118, Registrar's Office, room #143
- Email this form to: Registrar's Office at registrar@goodwin.edu
- Mail this form to: Goodwin University, Registrar's Office, One Riverside Drive, East Hartford, CT 06118
- Fax this form to: 860-206-5222, Attn: Registrar's Office

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

Student signature: _____ Date: _____