

ADDRESS CHANGE

PLEASE PRINT

DATE	STUDENT NAME	UNIVERSITY-WIDE ID (CWID)
		A _____
PREVIOUS INFORMATION		
STREET	CITY	STATE/ZIP
NEW INFORMATION		
STREET	CITY	STATE/ZIP
TELEPHONE NUMBER (including area code):		
<p>I am requesting that Westfield State University update the address it has on file for me. I understand that upon update, all correspondence from the University will be directed to the new address.</p> <p>Signature of Student: _____ Date: _____</p>		

NAME CHANGE

REQUIRED: documentation of the new name is required. Accepted documentation: Driver's License and Social Security Card, Passport, or Court Order. The Registrar's Office will keep on file a photocopy of the documentation and this request.

DATE	CURRENT NAME ON FILE	STUDENT ID
NEW NAME		
<p>I am requesting that Westfield State University update the name it has on file for me. I understand that upon update, all official documents, email and other correspondence from the college will use the new name.</p> <p>Signature of Student: _____ Date: _____</p>		

Note for active students: your university email address is based upon your name and id#.
Approximately 5 days after we change your name, we will also change your university email address.
Your *new* email address will be: 1st initial, last name, last 4 digits of ID.
Example: OLD kjones4136@westfield.ma.edu NEW ksmith4136@westfield.ma.edu

Return Completed Form to
Mailing Address: Office of the Registrar, 577 Western Ave, Westfield, MA 01086
On Campus: Scanlon Hall, 2nd Floor
Fax: 413-579-3010