



**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.