



EASTERN CONNECTICUT STATE UNIVERSITY

Change of Information

(Submit to Registrar's Office once completed)

Name: _____
Last First Middle

Eastern ID # or Last Four Digits of SSN: _____

Phone Number Where You Can Be Reached To Verify Information (If Faxed): _____

I do hereby ask the Office of the Registrar to make the following correction(s) to my personal information:

Item to Change	Please Change To:	Reason/Rationale for Change:
*Name:		
Address:		
Telephone Number:		
Social Security Number:		
Date of Birth:		
Gender:		

**If changing name and would like to have your email address updated to reflect the change, please include a personal email for ITS to contact you:*

Please include the following documentation based on the requested change:

Name: Official marriage certificate, Birth Certificate, or other legal documents outlining the change of name

Address: Proof of new address on document such as utility bill or driver's license

Telephone Number: Proof of new phone number on phone bill

Social Security Number: Copy of social security card

Date of Birth: Document with correct birth date such as driver's license or birth certificate

Gender: Copy of legal document outlining change of gender

Student Signature: _____ **Date:** _____

For Office Use Only:

Received Date: _____ Received By: _____

Admissions Notified: _____

Processing Date: _____ Processed By: _____

Financial Aid/Student Employment Notified if Change of Name or Address: _____