ADDRESS CHANGE

Previous Address:	STREET	CITY	STATE/ZIP
New Address:	STREET	CITY	STATE/ZIP
	STREET	CITT	STATE/ZIP
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.			
Signature of Student:		Date:	
LEGAL NAM Current Name on File:	E CHANGE	Student ID A#:	
New Name:		Date:	
or Court Order. The Registr	ew name is <u>required</u> . Accepted doc ar's Office will keep on file a photoco king to document a preferred name, ple	py of the documentation and this requ	est. This is only for a legal
	ld State University update the name it correspondence from the college will u		pon update, all official
Signature of Student:	ent:Date:		
Note for active students: your u	niversity email address is based upon your	name and id#. Approximately 5 days after	we change your name, we will

Student Name: _____ Student ID A#:_____

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

also change your university <u>email address</u>. Your <u>new</u> email address will be: 1st initial, last name, last 4 digits of ID. Example: OLD <u>kjones4136@westfield.ma.edu</u> NEW <u>ksmith4136@westfield.ma.edu</u>