CHANGE OF STUDENT INFORMATION
Office of the University Registrar

Fairfield ID: _______________ Date: _______________

Name: ____________________________________________
(Last) (First) (Middle)

Change(s) to be made:

☐ Name Change (Supporting Documentation Required)
(Last) (First) (Middle)

☐ Home Address
Street 1: __________________________________________
Street 2: __________________________________________
City: ______________________________ State: ____ ZIP/Postal Code: ___________
Nation (if other than USA): __________________________________________

☐ Home Phone: _______________________________

☐ Mobile Phone: _______________________________

☐ Other: __________________________________________
______________________________________________

*Required* Student Signature: _______________________________

This form and any required legal documentation can be hand-delivered to the
Office of the University Registrar, sent by mail, fax, or email:

Office of the University Registrar, Kelley Center, Fairfield University
1073 North Benson Road, Fairfield, CT 06824
Fax: 203-254-4109 Email: registrar@fairfield.edu

For Office Use Only
Processed by: ______________ Date: ______________