



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: _____