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UNIVERSITY OF
 SAINT JOSEPH
 CONNECTICUT

**Change of
 Name / Address / Phone / USJ Email**

Date _____

Student ID Number _____

Student Division (circle one): Undergraduate

Graduate

Old Information

New Information

Name:

Name:

*****The Registrar's Office will not be able to process the name change without legal documentation. A minimum of 2 forms of identification must be presented: (1) Government issued ID (passport, driver's license, ID card, etc.) and (2) New Social Security Card, Tax Payer ID, Divorce Decree, Probate Papers, etc. Please be aware that a Marriage License does not indicate a change of name and will not be accepted.*****

Home Address:

Home Address:

Home Phone Number:

Home Phone Number:

Campus Address and Phone #:

Campus Address and Phone #:

Mobile Phone:

Mobile Phone:

All USJ email adjustments must be made at the Registrar's Office.

Please provide us with your Personal email address: _____

Would you like your USJ email to reflect your new change of name (circle one)? **Yes** or **No**

If you answered Yes, the Registrar's Office will contact you with your new email address once it has been updated.

 Student Signature

 Date

Date Processed: _____

Staff Initials: _____