



UNIVERSITY OF  
SAINT JOSEPH  
CONNECTICUT

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**Change of Name / Address / Phone**

Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Change of Address or Phone Number (NEW)

|   |
|---|
| _____<br><b>Home Address:</b>             |
| _____<br><b>City, State, Postal Code:</b> |
| _____<br><b>Mobile Phone:</b>             |
| _____<br><b>Home Phone:</b>               |

Change of Name (NEW)

Attach a copy of **ONE** of the following documents with the new name:

Connecticut Driver's License or Verified License "REAL ID"

U.S. Passport, or

Court Order

*Marriage License will not be accepted since it does not reflect the name change. If you do not have a Connecticut ID, verified or REAL ID you will also be required to submit a copy of Social Security card and/or birth certificate.*

|                              |
|------------------------------|
| _____<br><b>FORMER Name:</b> |
| _____<br><b>NEW Name:</b>    |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

|                              |                              |
|------------------------------|------------------------------|
| <b>Graduate</b>              | <b>Undergraduate</b>         |
| <b>Date Processed:</b> _____ | <b>Staff Initials:</b> _____ |
| <b>Flag:</b> _____           | <b>E-mail Update:</b> _____  |