



Office of the Registrar
700 Park Avenue, Suite 110
Norfolk, Virginia 23504
Phone: (757)823-8229; Fax (757) 823-8907

Request for Change of Name, Address, Telephone, and/or Emergency Contact

Please Print or Type all information. Photo ID Required

Student's Name Last First Middle ID/SSN

- [] Permanent - Important University correspondence will be mailed to this address.
[] Local - Residence hall or temporary residence. Check here if this is your preferred mailing address
[] Telephone Number - Update my records to the telephone number indicated below.

Street Address
City State Zip
Country Telephone Number

NAME CHANGE Official documentation must be provided along with this request.

Previous Name
New Name

PERSON TO CONTACT IN EVENT OF AN EMERGENCY:

Name Relationship
Telephone Number

By my signature indicated below, I certify that I am the student providing this information and that to my knowledge this information is correct. I understand that the staff cannot and will not be held liable for information that is presented in an unclear and/or incomplete manner.

Student's Signature Date

Please complete and return this form to the Office of the Registrar

OFFICE USE ONLY

Entered by Date