

Student ID Number:

SSN Number:

Current Name

Last  First  Middle

**NAME CHANGE**

New Name

Last  First  Middle

**Please attach copy of documentation, such as a marriage certificate, divorce degree or other documentation pertaining to a name change.**

**ADDRESS CHANGE**

New Home Address

Address

City  State  Zip Code

Country  Phone Number

New Local Address

Address

City  State  Zip Code

Phone Number

**Print Form**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**TO SUBMIT:**

**After printing and signing this form, submit using one of the following methods:**

--scan and email to [registraroffice@webster.edu](mailto:registraroffice@webster.edu)

--fax to 314-968-7112

--mail to: Registrar Office, LH 63, Webster University, 470 E. Lockwood Ave., St. Louis, MO 63119