

**WAGNER COLLEGE**

Office of the Registrar

One Campus Road, Staten Island, NY 10301

**CHANGE OF ADDRESS FORM  
and/or CHANGE OF NAME FORM**

*Please Print Clearly*

Please check one:

UNDERGRADUATE

GRADUATE

Name \_\_\_\_\_  
(last name) (first name) (middle initial)

Student ID # \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Address

\_\_\_\_\_ (street) \_\_\_\_\_ (apartment/floor)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

New Telephone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Old Address

\_\_\_\_\_ (street) \_\_\_\_\_ (apartment/floor)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Old Telephone # (\_\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Address

\_\_\_\_\_ (street) \_\_\_\_\_ (apartment/floor)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

New Name \_\_\_\_\_  
(last name) (first name) (middle initial)

Former Name \_\_\_\_\_  
(MAIDEN) (last name) (first name) (middle initial)

*(Must provide one of the following: social security card, marriage certificate, divorce decree or court documents)*

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