

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 _____