

**REQUEST FOR CHANGE OF ADDRESS /
OR NAME CHANGE ***

OFFICE OF THE REGISTRAR

Submit to the Office of the Registrar via hand-delivery, post, fax, or as an attachment from your CNU email account. Please note that if submitting via an email attachment you MUST indicate "sent via attachment from CNU email account" in the signature block.

I have filed an 'INTENT TO GRADUATE' form and request my new name and/or address change to be updated when printing and/or mailing my diploma.

CNU ID#: _____ EMAIL ADDRESS: _____

NAME: _____

NEW NAME*: (if changing) _____

FORMER ADDRESS: _____

NEW PERMANENT ADDRESS*: _____

NEW MAILING ADDRESS* _____
(i.e. university housing or local address, if applicable)

CITY: _____ STATE _____ ZIP _____

NEW PERMANENT HOME TELEPHONE NUMBER: () _____

NEW CELL TELEPHONE NUMBER: () _____

A request to change your legal name must be accompanied by copies of (1) a photo ID displaying the new name (i.e. passport, driver's license, or other state issued identification) and (2) supporting documentation (i.e. court order, marriage license, divorce degree).

STUDENT'S SIGNATURE: _____ DATE: _____

Sign and Return Completed Form (with copies of documentation if applicable) to:

Christopher Newport University
Office of the Registrar
1 University Place

Newport News, VA 23606
Voice: (757) 594-7155
Fax: (757) 594-7711
Email: register@cnu.edu

Please note: correspondence sent from the Office of the Registrar will routinely be mailed via USPS to students' *mailing address* on file except during official semester breaks (Winter, Spring, & Thanksgiving) when correspondence will be mailed to the current *permanent address* on file.

OFFICIAL USE ONLY: SPAIDEN SPATELE GOAEMAL SHADEGR SHADIPL Date of Action: ____/____/____