



**ADDRESS/NAME CHANGE
REQUEST FORM**

(RO-06/22)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Please check appropriate box(es) below.

Name Change Request:

**** All name change requests must be accompanied by supporting documentation such as a copy of a marriage license, court order, divorce decree; or a copy of your new SSN card or Driver's License in order for the request to be processed.**

Previous Full Name: _____

New Full Name: _____

****Once processed, your GSU email address will be updated to reflect your new name.**

Changing address **OR** Adding an additional address

Address below is a: Home mailing address Local address (while in school)

New Address: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

I have submitted an application for graduation Yes No If yes, I need my diploma mailed to the address above. Yes No

Printed Student Name

GSU ID# _____

Student Signature

Date

Return form to the Registrar's Office for processing.
Students will be emailed once this form is processed.