



GLENVILLE
STATE UNIVERSITY

**ADDRESS/NAME CHANGE
REQUEST FORM**
(RO-06/23)

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

NAME CHANGE REQUEST

All legal 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 new Driver's License in order for the request to be processed.

☐ My legal name has changed.

Previous Full Legal Name: _____
First Middle Last

New Full Legal Name: _____
First Middle Last

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

☐ I am declaring ☐ changing a preferred first name.

Preferred First Name: _____

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

ADDRESS CHANGE REQUEST***

☐ Changing address **OR** ☐ Adding an additional address

Address below is a: ☐ Home mailing address ☐ Local address (in use when enrolled in classes)

New Address: _____
City State Zip

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

*****Note: If you are an active student worker, you must contact Human Resources directly to update your records with their office.**

Printed Student Name GSU ID# _____

Student Signature Date