



Castleton University

Change of Name/Address
or Social Security Number

LAST NAME FIRST NAME MI STUDENT ID #

HOME PHONE # CELL PHONE # CAMPUS BOX #

INFORMATION TO BE CHANGED- PLEASE PRINT CLEARLY:

NEW MAILING ADDRESS

CITY STATE ZIP

If you are a Vermont Resident, what is your county of residence? _____

CHANGE OF NAME:

To change your name, you must attach a copy of your marriage license, civil union, or court order for legal name change to this form.

Current Name on file: _____

CHANGE OF SOCIAL SECURITY NUMBER:

To change your Social Security Number on file, you must bring in your Social Security Card.

INCORRECT Social Security Number

CORRECT Social Security Number

_____/_____/_____

_____/_____/_____

STUDENT SIGNATURE _____ DATE _____

REGISTRAR'S OFFICE USE ONLY

Entered by: _____ Date _____

Castleton, Vermont 05735 • castleton.edu Initials

Date