Bridgewater State University

STUDENT NAME CHANGE FORM

RETURN FORM WITH ORIGINAL SIGNATURE TO:

Registrar's Office, Boyden Hall, Room 003, Bridgewater, MA 02325

Name:

Last First Middle

Banner ID: Date of Birth:

NAME CHANGE

Note: A copy of Court Order/Marriage Certificate must be attached.

Former Name:

Last First Middle

New Name:

Last First Middle

Signature: Date:

Phone Number: Alt Telephone:

Upon receipt of