

CHANGE OF NAME AND ADDRESS
OFFICE OF THE REGISTRAR
WEBSTER UNIVERSITY

PRESENT NAME: _____

NEW NAME IF CHANGED: _____

Please attach copy of documentation

STUDENT NUMBER _____ SOCIAL SECURITY NUMBER _____

NEW HOME ADDRESS: _____ NEW PHONE: _____

NEW LOCAL ADDRESS: _____ NEW PHONE: _____

STUDENT'S SIGNATURE

DATE

PLEASE CONTACT THE BUSINESS OFFICE FOR CHANGE IN BILLING ADDRESS

Once you have printed and signed this form you may fax it to 314-968-7112 or mail it to:
Webster University Registrar's Office Loretto Hall 63 St. Louis, MO 63119