Castleton
A VERMONT STATE COLLEGE

Change of Name/Address
(or to change Social Security Number)

_____ _____
LAST NAME FIRST NAME MI STUDENT ID #

_____
CAMPUS BOX #

CORRECTED INFORMATION – PLEASE PRINT CLEARLY

_____ _____
NEW MAILING ADDRESS NEW PHONE #

_____
CITY STATE ZIP

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

Do you want your billing address changed to the new address? Yes_____ No____

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_____

RETURN THIS FORM TO:

Castleton State College
Student Services Center
62 Alumni Drive
Castleton, VT 05735

REGISTRAR'S OFFICE USE ONLY:

Received by: _____ _____
Initials Date

Entered by: _____ _____
Initials Date