Change of Name, Address, and/or Phone

Registrar’s Office

160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Student Information  To the extent that you are able, please provide the information below.

Last Name ____________________________  First Name ____________________________

I am:  ☐ A current student  ☐ About to graduate  ☐ An Alumna/us

Current student ID #254 - ____________________________  Date of Birth ____________ / ____________ / ____________

Academic Department ____________________________  Degree Program ____________________________

Directions  Complete only the section(s) relevant to the change(s) you are reporting. Please print clearly. Completed forms must be submitted to the Registrar’s Office.

Name Change  ☐ Primary (Legal) Name  ☐ Preferred Name (the name used for non-legal purposes)

NOTE: To change your primary name, legal documentation—such as a court order or new driver’s license or passport—is required. Documentation must either be presented in person to the Registrar’s Office or submitted as notarized copies attached to this form.

New Last Name _________________________________________________________________________________________________________

New First Name ________________________________________________________________________________________________________

New Middle Name _______________________________________________________________________________________________________

Complete Former Name ___________________________________________________________________________________________________

☐ Please also change my CGU e-mail address to ________________________________________________@cgu.edu.

Address Change  Please provide your new complete mailing address. For US addresses, be sure to list your zip code. For international addresses, please provide the complete foreign address information necessary for postal deliveries.

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

This is also my permanent address ☐ Yes  ☐ No  Zip Code/Country of my Previous Address ________________________________

☐ Students who are also CGU employees must report address changes direct to CGU Human Resources. Please check this box if you authorize the Registrar’s Office to forward a copy of this form to CGU Human Resources.

Phone Number Change

(______) ____________________________  This phone # is:  ☐ Permanent  ☐ Local  ☐ Work  ☐ Cell  ☐ Other

STUDENT SIGNATURE ___________________________________________ DATE ______________________

For Office Use Only

Recorded by Data Services/Date

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