

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: _____

Contact Information

Phone Number: _____ Alt Telephone: _____

Upon receipt of a signed name change form and supporting documentation, the Registrar's Office will change the name associated with your academic record in our administrative systems, e.g. class rosters, blackboard, transcripts, and degree audit.

_____ I understand that by submitting this change, my BSU email and username will be updated, and that I will be contacted by a technical support group member at my personal email on file with my new BSU username and email address. I also understand that there may be access interruption associated with this change until my new username and email have been confirmed via email.

Signature: _____ Date: _____