

**FOR OFFICE USE ONLY:**

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## Quinebaug Valley Community College Change of Name Form

**Legal Name Change Proof Required:** Official Photo Identification and an original legal document indicating the name change. All documents **must be hand carried** to the Danielson Campus or Willimantic Center by the individual changing the name. **No faxes or copies of documents will be accepted.** If you have further questions, please contact the QVCC Records Office at 860-932-4010.

**Banner ID:** \_\_\_\_\_

**Current Legal Name:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**Former Name:**

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

**Address Change (If needed):**

**Former Address:**

\_\_\_\_\_ PO Box /Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Former Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**New Mailing Address:**

\_\_\_\_\_ PO Box /Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

**Permanent Address (if different from above):**

\_\_\_\_\_ PO Box /Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Current Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Your signature and the date are required below for any of the above changes to be made.**

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date