

Bridgewater State University  
**STUDENT NAME CHANGE FORM**

RETURN FORM WITH ORIGINAL SIGNATURE TO:

Registrar's Office, Boyden Hall, Room 003, Bridgewater, MA 02325

Name

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Last	First	Middle
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Banner ID:

Date of Birth:

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**NAME CHANGE**  
Note: A copy of Court Order/Marriage Certificate must be attached.

Former Name:

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Last	First	Middle
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New Name:

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Last	First	Middle
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Signature:

Date

Phone Number:

Alt Telephone:

Upon receipt of