



Shenandoah University
Current Student Change of Name/Address Form

The Office of the Registrar accepts change of address or name requests **in writing only**, and must have your signature on this form before any changes will be made. Please fax or mail this completed form to:

Office of the Registrar
Shenandoah University
1460 University Drive
Winchester, VA 22601

fax: 540-665-5446
phone: 540-665-5585
email: registrar@su.edu

Old Information

Name _____
(first) (middle) (last)

Phone number (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

New Information

(complete only fields that have changed)

Name _____
(first) (middle) (last)

Phone number (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Marital status is now: Single Married Divorced

Please check all boxes that apply:

Permanent address change Local address change Billing address change

This change cannot be processed unless the following information is complete. For name change requests, please include a copy of your updated driver's license, marriage license or certificate or divorce decree.

SU student ID number _____

Signature _____ Date _____

For registrar's use only: Received _____ Entered into Datatel _____ By _____
