



**REQUEST FOR CHANGE OF LEGAL
NAME*, ADDRESS, AND/OR SEX****

Note: This form will initiate a change of name and/or address for currently or previously enrolled students and/or alumni.

*A request to change your legal name must be accompanied by copies of (1) photo ID displaying new name (i.e. passport, driver's license, or other state issued identification) and (2) supporting documentation (i.e. court order, marriage license, divorce decree).

**A request to change your legal sex must be accompanied by copies of (1) photo ID displaying new sex (i.e. passport, driver's license, or other state issued identification displaying sex) and (2) supporting documentation (i.e. court order, physician affidavit).

I have filed an 'INTENT TO GRADUATE' form and request my new name and/or address change to be updated when printing and/or mailing my diploma.

CNU ID#: _____ EMAIL ADDRESS: _____

NAME: _____

NEW NAME: (if changing) _____

LEGAL SEX: FEMALE MALE

FORMER ADDRESS: _____

NEW PERMANENT ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

NEW MAILING ADDRESS _____

(i.e. university housing or local address, if applicable)

CITY: _____ STATE _____ ZIP _____

NEW PERMANENT HOME PHONE NUMBER: () _____

NEW CELL PHONE NUMBER: () _____

SIGNATURE: _____ DATE: _____

Sign and Return Completed Form (with copies of documentation if applicable) via mail, fax or hand deliver to:

Christopher Newport University
Office of the Registrar
1 Avenue of the Arts
Newport News, VA 23606
Phone: (757) 594-7155
Fax: (757) 594-7711

In lieu of signature, form may be submitted as an attachment only via CNU email address to register@cnu.edu.

Please note that correspondence sent from the Office of the Registrar will routinely be mailed via USPS to students' mailing address on file except during official semester breaks (Winter, Spring, and Thanksgiving) when correspondence will be mailed to the current permanent address on file.

OFFICIAL USE ONLY: SPAIDEN SPATELE GOAEMAL SHADEGR SHADIPL Date of Action: ____/____/____