



UNIVERSITY OF MARY WASHINGTON

Address/Name Change Form

Student Banner ID Number: _____

Current Student Name: _____
Last First Middle

You must provide legal documentation to change your name.

New Student Name: _____
Last First Middle

Mailing Address:

Billing Address: (If different from Mailing Address)

Street Address

Street Address

City State Zip

City State Zip

Phone Number

Phone Number

Student Signature _____ Date _____

Please return completed forms to:
University of Mary Washington
Office of the Registrar
1301 College Avenue
Fredericksburg, Virginia 22401-5300

George Washington Hall
Room 215
Phone: (540) 654-1063
Fax: (540) 654-2145