



Registrar's Office
 291 Springfield Street
 Chicopee, MA 01013
registrar@elms.edu
 Phone (413) 265-2314
 Fax (413) 594-5605

CHANGE OF PERSONAL INFORMATION REQUEST FORM

REQUIRED: Documentation of the new name is required.

***ACCEPTED FORMS OF DOCUMENTATION:** Driver's License, Social Security Card, Passport, Court Order, Legal Name Change, Marriage/Divorce Certificate

ID #: _____

Class Year: _____

Date: _____

PRINT CURRENT NAME: _____

First

Middle

Last

New Address

Yes No

Street Address

Apt #

City

State

Zip Code

New Telephone

Yes No _____ Home Cell _____

Change of Name:

**Name changes require proper documentation.*

Yes No

Please Print Previous/Former Name below:

Last

First

Middle

Please Print New Name:

Last

First

Middle

SIGNATURE/DATE: _____

Requests should be submitted to the Registrar's Office with proper supporting documentation for any legal name changes.