



**University of Connecticut School of Law**  
**Office of the Registrar**  
**55 Elizabeth Street**  
**Hartford, Connecticut 06105**  
**860/570- 5136**  
**860/570- 5135 (fax)**

**Change of Address**

Students should submit this form to make a change in their name, address, phone number, email address or employer information. Upon receipt, the Staff of the Registrar's Office will enter this change in the student administration system through which other departments of the University and the School of Law can see the change. Students are reminded that it is also possible to use the self-service, on-line studentadmin system to update their local address only.

**PLEASE PRINT:**

\_\_\_\_\_  
 Last Name                      First                      Middle

\_\_\_\_\_  
 Social Security Number (Optional)

\_\_\_\_\_  
 Student Signature - **REQUIRED**

\_\_\_\_\_  
 Student Admin ID Number (Current Students Only)

**DATA YOU WISH TO UPDATE:**

(Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Name             | <input type="checkbox"/> Employer Information |
| <input type="checkbox"/> Address          | <input type="checkbox"/> Email Address        |
| <input type="checkbox"/> Telephone Number |   |

**NEW NAME:** \_\_\_\_\_

**PLEASE INDICATE NEW MARITAL STATUS IF APPROPRIATE :** \_\_\_\_\_

**NEW ADDRESS/TELEPHONE/EMAIL**

<input type="checkbox"/> Local	_____
<input type="checkbox"/> Home	Address _____
<input type="checkbox"/> Employer	City _____
	State, Zip _____
<input type="checkbox"/> Effective Date	Email Address _____
	Telephone _____

**NEW ADDRESS/TELEPHONE/EMAIL**

<input type="checkbox"/> Local	_____
<input type="checkbox"/> Home	Address _____
<input type="checkbox"/> Employer	City _____
	State, Zip _____
<input type="checkbox"/> Effective Date	Email Address _____
	Telephone _____

<b>For Office Use Only:</b>		
_____ Processor's Initials	_____ Date Received	_____ Date Processed