

SACRED HEART UNIV.-GRISWOLD

P.O. Box 399
Griswold, CT 06351
(860) 376-8408 Fax (860) 376-1798

Change of Student Information

The following Griswold student, whose current name of record is _____, has made the office aware of the following change in their information (name, address and/or phone number) and asks that all University records be amended accordingly. Thank You!

Date _____

Student ID _____

Name _____
(or new name if applicable)

Address _____

Phone(s) **Home:** _____ **Cell:** _____
e-mail _____

SUBMIT TO SHU-GRISWOLD OFFICE (address & fax above)

Office Use Only: FAXED TO
Registrar
Graduate Admissions
Dept. of Education

DATE