Downtown Campus
20 Church Street
New Haven, CT 06510
203-285-2020
Fax 203-285-2018

Gateway Community College

CHANGE OF NAME/ADDRESS

STUDENT ID#: @_____ **D.O.B.**_____

PRESENT NAME:_____

(NEW) NAME:_____
(Legal documentation attached)

ADDRESS:_____

CITY/STATE/ZIP:_____

TELEPHONE: ( ) _____ ( ) _____ ( )_____
HOME WORK CELL

E-MAIL ADDRESS:_____

_____ _____
Student Signature Date **Data Entry Date**