



OFFICE OF THE REGISTRAR

CHANGE OF ADDRESS/PHONE

(Current physical address to which campus information may be sent)

Fax 304-473-8531

Email: registrar@wwc.edu

ID # _____ DATE: _____

LAST NAME: _____ FIRST NAME: _____ M. _____

EMAIL: _____

NEW ADDRESS/PHONE

STREET: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

STUDENT SIGNATURE: _____

EFFECTIVE DATE OF NEW ADDRESS: _____

OFFICE USE ONLY

_____ Reg Staff Initials

_____ Date processed