

CHANGE OF NAME/ADDRESS

****A copy of your Social Security card is required for all name changes.****

STUDENT ID #:

FULL NAME:

(LAST)

(FIRST)

(MIDDLE)

PREVIOUS NAME:

(Name Change Only)

(LAST)

(FIRST)

(MIDDLE)

MAILING ADDRESS:

(STREET ADDRESS / P.O. BOX NUMBER)

(CITY)

(STATE)

(ZIP CODE)

CELL PHONE NUMBER:

HOME PHONE NUMBER:

EMAIL ADDRESS:

SIGNATURE:

DATE:

FOR OFFICE USE ONLY

PROCESSED BY: _____ DATE PROCESSED: _____