



Office of the Registrar
 Ochre Court Rm 203
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996

OFFICE USE ONLY

Date Recorded: _____

Recorder Initials: _____

NAME AND ADDRESS CHANGE FORM

- Print clearly.
- Name changes require positive photo-identification.
- Changes become effective only when valid forms are filed in the Office of the Registrar.

Student Cell Phone: _____

Print Student Name: _____

Change Effective Date: _____

Student Signature: _____

Date of Birth: ____/____/____

Do you receive Veteran's Benefits? No Yes

STUDENT ADDRESS CHANGE

Type of Address Change (Check ALL that apply):

Local Permanent Billing

Print OLD Address:

Number & Street: _____

Apartment: _____

City: _____

State & Zip Code: _____

Telephone: (_____) _____

Print NEW Address:

Number & Street: _____

Apartment: _____

City: _____

State & Zip Code: _____

Telephone: (_____) _____

PARENT ADDRESS CHANGE

Identify Parent: Both Parents Father only
 Guardian Mother only

Print Name of Parent(s):

Print OLD Address:

Number & Street: _____

Apartment: _____

City: _____

State & Zip Code: _____

Telephone: (_____) _____

Print NEW Address:

Number & Street: _____

Apartment: _____

City: _____

State & Zip Code: _____

Telephone: (_____) _____

NAME CHANGE

Name Change is for (Check ONE only):

Student Parent Guardian

Print OLD Name:

Last Name: _____

First & Middle: _____

Print NEW Name:

Last Name: _____

First & Middle: _____

Validation of NEW name is required; one of the following must be presented with this form:

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Court Order |
| <input type="checkbox"/> Marriage License | <input type="checkbox"/> U.S. Passport |
| <input type="checkbox"/> Military ID | <input type="checkbox"/> Federal/State ID |
| <input type="checkbox"/> Other – Specify: _____ | |