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.

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:
□ Driver’s License  □ Court Order
□ Marriage License  □ U.S. Passport
□ Military ID  □ Federal/State ID
□ Other – Specify: ______________________________

Return this form to the Office of the Registrar by mail, fax, or in person.