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: ___________________________  Student ID: ___________________________

Student Signature: ___________________________  Change Effective Date: ________________  Date of Birth: _____/_____/______

STUDENT ADDRESS CHANGE

Type of Address Change (Check ALL that apply):
- Local
- Permanent
- Billing

Print OLD Address:
- Number & Street:__________________________
- Apartment:_______________________________
- City:____________________________________
- State & Zip Code:_________________________
- Home Telephone: (______)_______________
- Cell Phone: (_____)_____________________

Print NEW Address:
- Number & Street:__________________________
- Apartment:_______________________________
- City:____________________________________
- State & Zip Code:_________________________
- Home Telephone: (______)_______________
- Cell Phone: (_____)_____________________

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:_________________________

Legal Name on Academic Record should appear as:
- ______________________________________

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.  Revised 07/17