



**Office of the Registrar**  
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<b>OFFICE USE ONLY</b>
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: _____
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**Print Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Change Effective Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT ADDRESS CHANGE	PARENT ADDRESS CHANGE	NAME CHANGE
<p><i>Type of Address Change (Check ALL that apply):</i></p> <p><input type="checkbox"/> Local    <input type="checkbox"/> Permanent    <input type="checkbox"/> Billing</p> <p><b>Print OLD Address:</b>            Number &amp; Street: _____            Apartment: _____            City: _____            State &amp; Zip Code: _____            Home Telephone: (_____) _____            Cell Phone: (_____) _____</p> <p><b>Print NEW Address:</b>            Number &amp; Street: _____            Apartment: _____            City: _____            State &amp; Zip Code: _____            Home Telephone: (_____) _____            Cell Phone: (_____) _____</p>	<p><b>Identify Parent:</b>    <input type="checkbox"/> Both Parents    <input type="checkbox"/> Father only                                              <input type="checkbox"/> Guardian        <input type="checkbox"/> Mother only</p> <p><b>Print Name of Parent(s):</b>            _____</p> <p><b>Print OLD Address:</b>            Number &amp; Street: _____            Apartment: _____            City: _____            State &amp; Zip Code: _____            Telephone: (_____) _____</p> <p><b>Print NEW Address:</b>            Number &amp; Street: _____            Apartment: _____            City: _____            State &amp; Zip Code: _____            Telephone: (_____) _____</p>	<p><b>Name Change is for (Check ONE only):</b></p> <p><input type="checkbox"/> Student    <input type="checkbox"/> Parent    <input type="checkbox"/> Guardian</p> <p><b>Print OLD Name:</b>            Last Name: _____            First &amp; Middle: _____</p> <p><b>Print NEW Name:</b>            Last Name: _____            First &amp; Middle: _____</p> <p><b>Legal Name on Academic Record should appear as:</b>            _____</p> <p><b>Validation of NEW name is required; one of the following must be presented with this form:</b></p> <p><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: _____</p>