



Change of Name/Address/Phone Number

Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Name: \_\_\_\_\_

**ADDRESS CURRENTLY ON FILE:**

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**NEW ADDRESS:**

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**TELEPHONE NUMBER:**

Old Phone Number: \_\_\_\_\_

New Phone Number: \_\_\_\_\_

**NAME CHANGE: **\*\*Required\*\*****

*Need to show proof of name change - marriage certificate; social security card or driver's license*

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

\*\*\*\*\*RETURN FORM TO STUDENT SERVICES\*\*\*\*\*

Date Changed: \_\_\_\_\_ Staff Initials \_\_\_\_\_

- Cc: Financial Aid
- Cc: IT office (name change only)
- Cc: Registrar (name change only)