



Address/Name Change Request Form

Current Name on Record: _____
First M.I. Last

Student ID# or Social Security #: _____

Complete This Section for Address Changes:

New Street Address			
City	State	Zip Code	County
Home Phone	Business Phone	Cell Phone	
E-mail Address			

Complete This Section for Name Changes:

Please submit a copy of one of the following with a name change request: Driver's License, Social Security Card, Marriage License, Birth Certificate, Immigration Records, Divorce Decree, Court Order, or Passport.
DO NOT submit originals!

New Name: _____
First M.I. Last

_____ Student Signature

_____ Date

Official Use Only

Received by: _____ Date: _____

Processed by: _____ Date: _____