

**CHANGE OF ADDRESS/CHANGE OF NAME**



Date \_\_\_\_\_ ID # \_\_\_\_\_

Student's Name \_\_\_\_\_

New Name \_\_\_\_\_  
(please submit a copy of your *Social Security Card with your new name* when returning this form)

New Address            Please circle one: Permanent / Local / Both  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Phone Number:    Permanent \_\_\_\_\_ Local \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Return to: Registrar's Office**

**Office use only: Email Notification to: Business Office,**            Data Entered By \_\_\_\_\_  
**Student's Advisor, Financial Aid, Student Development, IT**            Date Entered \_\_\_\_\_