

CHANGE OF INFORMATION

Student ID: _____ Date ___/___/___

Name: _____

(Last, First, Middle)

____ Address Change

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number (home): _____ Cell Number: _____

Please check one of the following:

Legal Permanent Home Address: ___ Temporary Address: ___ Shipping Address: ___ Work: ___

____ Name Change

Full name as it now appears on university records

Former Name: _____
Last First Middle

Full legal name as it should be changed (suffix and/or hyphen included)

New Name: _____
Last First Middle

I authorize my name to be changed on university records as indicated above.

Signature (new name) Date: ___/___/___

Documentation (for name change only)

Please present one of the following documents displaying your new name to staff at the nearest campus.

___ Driver's License ___ Marriage License/Certificate ___ Divorce Decree ___ Social Security Card

___ Passport ___ Court Order ___ Birth Certificate

For Office Use Only (for name change only)

Staff member has inspected and verifies the attached document to be a copy of the original.

Name of Staff: _____ Date: ___/___/___

Name change and files updated by: _____ Date: ___/___/___