



**REGISTRAR'S OFFICE FORM: CHANGE OF ADDRESS / CHANGE OF NAME**

**NAME :** \_\_\_\_\_  
Last First MI  
**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**CHANGE OF ADDRESS**

*( PLEASE USE DITTO MARKS [ " ] IF SAME ADDRESS APPLIES TO EACH LINE )*

**LOCAL ADDRESS:**

\_\_\_\_\_ ( ) \_\_\_\_\_  
# and Street City State Zip Area code / Phone

**PERMANENT ADDRESS, if different from above:**

\_\_\_\_\_ ( ) \_\_\_\_\_  
# and Street City State Zip Area code / Phone

**BILLING ADDRESS, if different from above:**

\_\_\_\_\_ ( ) \_\_\_\_\_  
# and Street City State Zip Area code / Phone

**CHANGE OF NAME FOR CURRENT STUDENTS ONLY**

**TYPE OF DOCUMENT NEEDED BEFORE ACADEMIC RECORDS WILL REFLECT NAME CHANGE:**

\_\_\_\_\_ *BIRTH CERTIFICATE* \_\_\_\_\_ *MARRIAGE LICENSE OF CURRENT STUDENT*  
\_\_\_\_\_ *DIVORCE PAPERS OF CURRENT STUDENT* \_\_\_\_\_ *COURT ORDERS OF CURRENT STUDENT*

**FORMER NAME:**

\_\_\_\_\_ Last First MI

**NEW NAME:**

\_\_\_\_\_ Last First MI

**SIGNATURE**

**DATE:**

7/03 UPDATE