



## Request for Name/Address Change

### Name Change

\_\_\_\_\_  
Current Last Name

\_\_\_\_\_  
Current First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
New Last Name

\_\_\_\_\_  
New First Name

\_\_\_\_\_  
MI

### Address Change

Permanent

Current

Mailing

Effective Date Change: \_\_\_\_\_

\_\_\_\_\_  
Street Address, Apt #

\_\_\_\_\_  
Street Address, Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Country (if applicable)

Please provide copy of documentation (driver's license, social security card, marriage license or court order) to support your request for name change.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Knowledge · Opportunity · Success*

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