



*Please print clearly and provide all of the information requested.*

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

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

*Last*

*First*

*Middle Initial*

**Name Change**

*Name changes require official documentation showing change. Acceptable documents include marriage licenses, court ordered name change documents, and social security cards. These documents must be attached or a name change cannot be processed by our office.*

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

New First Name \_\_\_\_\_ New Middle Name/Initial \_\_\_\_\_

**Address Change**

**FORMER ADDRESS:** *(Only list former address if changing this address; otherwise leave this section blank. Note: All students MUST have a permanent address on file. If changing permanent address, list new permanent address in New Address section.)*

Check off all that apply:

This address is **NO LONGER** my:  Permanent Address  Local Address  Mailing Address  Billing Address

Street \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if other than USA) \_\_\_\_\_

**NEW ADDRESS**

*(check all that apply):*  Permanent Address  Local Address  Mailing Address  Billing Address

Street \_\_\_\_\_ Apartment/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if other than USA) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact Update**

Please check off whether the individual below should be contacted in case of an emergency or as your missing person contact. You may check off either or both options.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Apartment/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if other than USA) \_\_\_\_\_

**Required Signatures:**

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

**Registrar Use Only:**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_