



ADDRESS & NAME CHANGE FORM

ACADEMIC YEAR: _____

STUDENT'S NAME: _____ SOCIAL SECURITY NUMBER: _____
(PLEASE PRINT)

IS STUDENT CURRENTLY ENROLLED: YES NO

NEW ADDRESS:

CAMPUS: _____
STREET, RURAL ROUTE, RESIDENCE HALL CITY STATE ZIP CODE

HOME: _____
STREET, RURAL ROUTE, RESIDENCE HALL CITY STATE ZIP CODE

NEW PHONE NUMBER:

CAMPUS: _____ HOME: _____

NAME CHANGE:

**** PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD WITH THE CORRECT NAME. ****
(PLEASE PRINT)

INCORRECT NAME: _____
LAST FIRST MIDDLE INITIAL

CORRECT NAME: _____
LAST FIRST MIDDLE INITIAL

*** I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT. ***

STUDENT'S SIGNATURE: _____ DATE: _____

*** COMPLETE A CHANGE OF ADDRESS, IF YOUR ADDRESS HAS CHANGED SINCE YOUR LAST REGISTRATION. ***