

# Student Change of Name/Address Form

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Please complete this form in its Entirety and return to the Enrollment Services Department.  
Please Print.

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

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

\_\_\_\_\_  
Student ID # or SSN

## Change of Name: (legal documentation required)

From: \_\_\_\_\_

To: \_\_\_\_\_

## Change of Address:

From: \_\_\_\_\_

To: \_\_\_\_\_

## Change of Phone Number:

From: \_\_\_\_\_

To: \_\_\_\_\_

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