

Address/Name Change Request

Instructions: Please enter your name exactly as it appears on official documents (i.e. driver's license).

Please use black or blue ink and print legibly.

Previously Reported Information	Please complete this section with the information previously given to us.				I am requesting a change of (select all that apply) <input type="checkbox"/> Name <input type="checkbox"/> Phone Number <input type="checkbox"/> Local Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Email Address
	Legal Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First Middle Suffix (Jr, II) </div> Maiden Name (or other): _____ <i>(if applicable)</i> Social Security #: _____ Birthdate: ____/____/____ Email: _____				
New Information	Please complete only those sections that you are requesting us to change in your student record.				
	Legal Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Last First Middle Suffix (Jr, II) </div> A copy of your driver's license with your new name must be submitted with a request for a name change.				
	Maiden Name (or other): _____ <i>(if applicable)</i> Email: _____				
	Local (mailing) Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street City State Zip Code County </div> Permanent Address: _____ <i>(if different from above)</i> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street City State Zip Code County </div> Home Phone: _____ Cell: _____ Work: _____				
<p>I hereby certify that, to the best of my knowledge, the information furnished in the application is true and complete without intent of evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.</p>					
Signature				Date	