Change of Address/Change of Name Form

Name ____________________________  ID # _______________

Address Section:
Please print the NEW address below:
If you have been assigned a campus mailbox, most of your mail will be sent there.

____________________________________
____________________________________
____________________________________

This address is: (check all that apply)

□ Home  □ Employer  □ Parent/Guardian/Spouse
□ Local  □ Temporary  □ Billing (Preferred mail)

Home Phone: (_____)____________________

Cell Phone: (_____)____________________

Work Phone: (_____)____________________

Signature: ____________________________  Today’s Date: ____________

Change of Name Section:
In order to change your name, you will need to submit legal documentation.

Former Name: ____________________________  ID# ____________

Last First Middle

New Name: ____________________________________________

Last First Middle

New Name Is: □ Married name  □ Maiden name  □ Other Legal name

New email address requested?  □ Yes  □ No

Signature: ____________________________  Today’s Date: ____________

New email address requested?  □ Yes  □ No

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Changed By (initials): ____________
Date changed: ____________