



CHANGE OF NAME/ADDRESS FORM

Name:	*New Name (if applicable):
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Student ID/Social Security No.

Please Mark Address As: Parents <input type="checkbox"/> Permanent <input type="checkbox"/> Campus <input type="checkbox"/>

New Address: (House/Apt. No. and Street)
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City, State, Zip Code

Phone Number: (note if this is home/emergency/cell phone number)
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Signature:	Date:
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*If you have a name change, you must provide official documentation; this would include a social security card, a copy of a marriage license, divorce decree or another official court document. This would not include a driver's license. Thank you.