



ADDRESS/NAME CHANGE FORM

Check all that apply:

- Student
- Employee (or Former)
- Faculty

Type of Change:

- Address Change
- Name Change
Copy of State issued identification
(with new name) is required for
change.

STUDENT ID: _____

NAME (FIRST, MIDDLE, LAST): _____

PREVIOUS NAME (IF CHANGED): _____

PREFERRED MAILING ADDRESS: _____

(Please include Apt. number) _____

City: _____ State: _____ Zip: _____

PHONE NUMBER: Home: _____

Cell: _____

Work: _____

Personal Email: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Relationship: _____

Signature: _____ Date: _____

NOTE: Name Change **REQUIRES** Contacting
IT Department at 817-531-4428