



# Change of Address / Change of Name Form

Student Name \_\_\_\_\_ Student ID #: \_\_\_\_\_

Dean Campus Box #: \_\_\_\_\_ Dean Campus Phone # \_\_\_\_\_

**Directions:** Please update Items that are being changed. Updates should be made on the appropriate line -- All other items will remain unchanged.

(Check all that apply):

NEW/CHANGE TO CURRENT ADDRESS

ADDITIONAL

Student Address

Parent Address

Guardian

Adding Parent

Name of Parent: \_\_\_\_\_

Home

Correction

Local

Business

Billing

Grades

Grades & Billing

Additional Parent Address\*  Other (please explain) \_\_\_\_\_

### ADDRESS:

CHANGE

ADDITIONAL

\_\_\_\_\_ Street Apt #

\_\_\_\_\_ City State Zip

### PHONE NUMBER:

CHANGE

ADDITIONAL

\_\_\_\_\_  home  cell  business

Yes  No Is this the address where you would prefer to receive all correspondence from the College?

Yes  No Is this the street address of your permanent residence?

Yes  No Is this where you want your bill to be sent?

Yes  No Is this where you want your grades to be sent?

Yes  No Does this change also apply to your parents' address?

If so, list parent name(s): \_\_\_\_\_

\*If adding an additional parent, do you want  grades  bills sent to this parent?

### NAME CHANGE: (Identification is Required)

Current Name: \_\_\_\_\_

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

Documentation Provided: \_\_\_\_\_

\_\_\_\_\_  
Student Signature (required for all changes)

\_\_\_\_\_  
Date