



# 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