



## CHANGE OF NAME/ADDRESS/PHONE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(please print) (please print)

I.D. No. \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

Current Student: Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, please check: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

### Previous:

\_\_\_\_\_  
(Name – please print)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone number if applicable)

### Current:

\_\_\_\_\_  
(Name – please print)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone number if applicable)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of University Registrar

Date updated on: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_