



Student Record Change Form

Name: _____ Student I.D. _____

Student's Signature: _____ Date: _____

Change of: (Please check the appropriate item(s))

NAME *Sample Documentation: Marriage Certificate, Name Change Petition*

New Name: _____

Document Provided for Change (Submit Copy) _____

Former Name: _____

A new email address will be assigned with your new name.

NEW ADDRESS

Street Address _____ Apt/Ste _____

City, State, Zip Code _____

County/Province _____ Country _____ Email _____

NEW PHONE NUMBER(S) WITH AREA CODE

Home: _____

Work: _____

Cell: _____

Instructions: Upon completion and signature, return form with documents to Registrar's office

FOR OFFICE USE:

Date Received _____ Date Processed: _____