

## Change of Name or Address Form

Check all that apply:

Address Change

Name Change

Phone Change

Current Name:	
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New Name:	<input type="checkbox"/> N/A
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New Address: City/State Zip Code	<input type="checkbox"/> N/A
	Select all that apply: <input type="checkbox"/> Permanent <input type="checkbox"/> Local <input type="checkbox"/> Other: _____

New Phone Number:	<input type="checkbox"/> N/A
	Select all that apply: <input type="checkbox"/> Permanent <input type="checkbox"/> Local <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____

Student Signature:	
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Office use only:	Date Entered:		Entered By:	
Notifications to: Business Office, Student's Advisor, Financial Aid, Student Development, IT (name change only)				

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