



◆ PLEASE PRINT ◆

Student Name: _____ Student ID#: _____

Program: _____ Current Student? Yes No

Signature _____ Date: _____

Address Change

Previous Address		New Address (Effective ____/____/____)	
Street/PO Box	Apt.	Street/PO Box	Apt.
Street Line 2		Street Line 2	
City	State/Zip	City	State/Zip
Home Phone Number		Home Phone Number	
Work Phone Number		Work Phone Number	
Email Address		Email Address	

Name Change

Students wishing to change their name must present in writing to the Registrar's Office a legal document (e.g., a marriage license or court document) to substantiate the change (APH § 2.1.18). Please attach copies of legal documentation of your name change.

Previous Name: _____

New Name: _____

Social Security Number Change

Currently enrolled students who change their social security number (SSN) or obtain a new social security number must present in writing to the Registrar's Office a legal document showing the old and new numbers (e.g., copies of the old and new cards) to substantiate the change. The new number will appear on all forthcoming documentation. Please attach copies of legal documentation of your new SSN.

Previous SSN/Identification Number used on previous document: _____

New Social Security Number: _____

Office Use Only. Return to the Registrar's Office to be filed.

Registrar _____ Financial Aid _____ Housing _____ Business Office _____ Mail Room _____ Library _____