

STUDENT ADDRESS AND NAME CHANGE FORM

I. STUDENT INFORMATION (This form is for students only. Employees and student workers need to contact HR)

Student Name: _____ Student ID: _____
Phone Number: _____ Personal E-mail: _____
Emergency Contact: _____
Name Phone Relationship

II. REQUEST FOR NAME CHANGE (Copy of state issued identification with new name is required for change)

First Name: _____
Middle Name: _____
Last Name: _____

III. REQUEST FOR CURRENT ADDRESS CHANGE

Current Address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
Do you want this current address to be your preferred mailing address? Yes No
(If no, fill out Section IV to indicate your preferred mailing address)

IV. REQUEST FOR PREFERRED MAILING ADDRESS CHANGE

Preferred Mailing Address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____
Do you want this preferred mailing address to be your current address? Yes No
(If no, fill out Section III to indicate your current address)

V. REQUIRED SIGNATURE

Student Signature: _____ Date: _____

A name change REQUIRES the student to contact the IT Department at 817-531-4428.

For Office of Student Records Use Only

Processed by: _____ Date: _____