

**Student ID Number:** \_\_\_\_\_ **Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Name:** \_\_\_\_\_

Center:     Goodyear, AZ       Lebanon       Manchester       Online       Portsmouth

Form Instructions: Please complete the item(s) below that you wish to change, sign and date the form and submit the form to the Registrar's office.

**NAME CHANGE:** The University requires that the student record contain his/her legal name. Any name change requires additional documentation. Please submit official proof of name change with this form.

**New Name:**

\_\_\_\_\_

Last

First

MI

**ADDRESS CHANGE:** The University requires that the student maintain a permanent, non-campus, address on file. Please supply a complete mailing address below.

\_\_\_\_\_

Street/Number

P.O. Box #

\_\_\_\_\_

City

State

Zip

**New Telephone Number:** \_\_\_\_\_

Area Code

Tel. #

**CAMPUS CHANGE:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

\_\_\_\_\_

Student Signature

Date

Name Change Proof Provided: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Rev. 3/16