

Student ID Number: _____ **Effective Date:** ____/____/____

Student Name: _____

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 Rindge to: Lebanon Manchester Online Portsmouth

Student Signature Date

Name Change Proof Provided: _____
Processed by: _____ Date: _____