

Date _____

NAME

SOCIAL SECURITY NUMBER

STUDENT SIGNATURE

CHANGE OF ADDRESS

Effective Date of Address Change _____

New Address (Street) _____ (Apt) _____

(City) _____ (State) _____ (Zip) _____

(County) _____ Telephone (_____) _____

Former Address (Street) _____ (Apt) _____

(City) _____ (State) _____ (Zip) _____

Students changing to a In-State or In-County address please see "Request for Change of Fees" on the other side.

CHANGE OF NAME

Present Name _____

Give Former Name _____

Documentation will be required for verification.

CHANGE OF SOCIAL SECURITY NUMBER

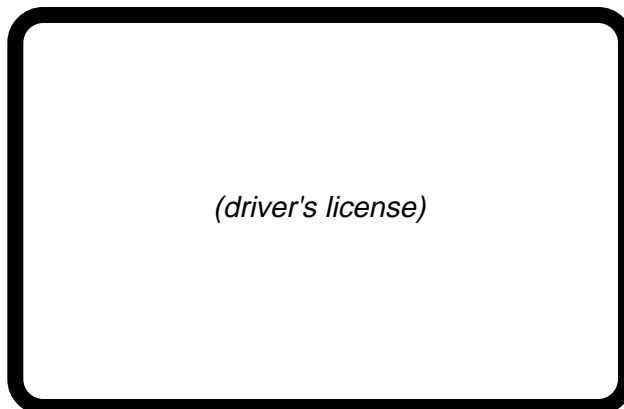
Correct Social Security Number _____

Incorrect Social Security Number _____

Documentation will be required for verification.

FOR OFFICE USE ONLY

Documentation will be required for verification.



_____ Date Processed

_____ Initial