NOTICE OF CHANGE IN ADDRESS, PHONE NUMBER, OR NAME

FORMER Name_____, _____ _____.
(*Please Print*) *Last* *First* *MI*

NEW Name _____, _____ _____.
Last *First* *MI*

* *Legal proof of name change must be submitted (i.e. court document, marriage license, or divorce/dissolution decree).*

OLD Address and Phone Number

_____
Street

_____
City *State* *ZIP Code*

_____
Phone Number

* *Please check all that apply if the address is your:*
  - ☐ Local Address (if you live "on campus or any address other than your primary or home address during the school year
  - ☐ Primary Address (this cannot be an "on campus" address. This is where grades will be mailed.
  - ☐ Billing Address (if your parent(s) or a different party should receive your monthly billing statement.

Current Local Address and Phone Number

_____
Street

_____
City *State* *ZIP Code*

_____
Phone Number

Current Primary Address (*not campus)*

_____
Street

_____
City *State* *ZIP Code*

_____
Phone Number

* *Please check all that apply if the address is your:*
  - ☐ Local Address (if you live "on campus or any address other than your primary or home address during the school year
  - ☐ Primary Address (this cannot be an "on campus" address. This is where grades will be mailed.
  - ☐ Billing Address (if your parent(s) or a different party should receive your monthly billing statement.)

Signature_____ Date_____

Office Use Only: _____ _____ _____
Computer File Folder Date Processed