

Change of Address/Change of Name Form

Please Print Clearly

Name: _____ Student ID #: _____ SS#: _____-_____-_____

1. I am a student and wish to change my mailing address:

Old Address: _____
Street Address City State Zip Country

New Address: _____
Street Address City State Zip Country

Home Phone Number: (_____) _____-_____ Cell Phone Number: (_____) _____-_____

Email Address: _____

This address is: (Check all that apply)

• Home • Business • Local • Accounts Receivable • CPO • Other _____

2. I am a student and wish to change my legal name. I am • a student • an alumna/alumnus

**ALL name changes must be accompanied by a legal document changing your name (ie: copy of a marriage cert., divorce decree, license, etc.)

Old Name: _____ New Name: _____

If your spouse is a North Park alumna/alumnus, please include his/her name: _____