

Student Section

_____ or _____
Full Name Student ID # Social Security #

Name Change

Change my name from:
Last: _____ First: _____ MI: _____

Change my name to:
Last: _____ First: _____ MI: _____

Status (Choose One): Single Married Separated Divorced Widow

Please attach previous photo identification along with new photo identification. In addition, please include one of the following: Social Security card, marriage certificate, legal documentation, etc.

Address Change

Address to change: Home Mailing Diploma All Addresses

Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

One Stop Section (Office Use Only)

_____ _____
Processed by Date:

Updated 08/17