



# CHANGE OF NAME / ADDRESS FORM

Financial Aid  
Yes \_\_\_ No \_\_\_

ID #: \_\_\_\_\_

## Previous

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone#: (        ) \_\_\_\_\_

Cell Phone #: (        ) \_\_\_\_\_  Allow texting

Do not text

Email Address: \_\_\_\_\_

## CHANGE TO:

### New

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Home Phone#: (        ) \_\_\_\_\_

Cell Phone #: (        ) \_\_\_\_\_  Allow texting

Do not text

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_