

Change of Name, Address, and/or Marital Status

Name on record: _____

*Change name to: _____

Student ID: _____ Last 4 of Soc. Security: _____

Marital Status: (Check) Single Married Divorced Separated Widowed

NEW Address: _____ County: _____

Previous Address: _____ County: _____

New Address: (Check) Permanent Temporary

Phone: (Home) _____ (Cell) _____

Student Signature: _____ Date: _____

* Must provide legal documentation supporting name change, e.g.: court documentation, state-issued photo ID

Financial Aid Name Change Authorization: _____