

Change of Name and/or Address Form
Office of Academic Affairs

Name: _____

Your class: DDS, IDS, AEGD, EN, OR, OS Year: _____

I wish to change the name on all my official academic records to the name provided below.
 Please show original legal documentation with name change (marriage license, passport, SSN card, etc).

I wish to change the address to which all official academic records are sent to the one provided below effective immediately.

Street

Apartment Number

City, State, Zipcode

() _____
Telephone Number

Signature

Date

Please bring completed form to the Office of Academic Affairs, cube 4A14 inbox or leave at 4th floor receptionist desk.

For office use only:
Entered in BANNER:
Date: _____
Initials: _____

4/6/2016