

CHANGE OF ADDRESS AND/OR NAME

Name: _____ Banner ID or SSN: _____
Last, First, MI

**Former Name: _____ DOB: _____

**PLEASE NOTE: To change your name on your student record, you must provide TWO (2) forms of documentation of the name change to the Registrar's Office. A state-issued photo ID and any one of the following are acceptable documentation: a Social Security card, a marriage license, a court order or a passport.

Mailing Address: _____
Street, City, State, ZIP

Home Phone: _____ Email: _____

Cell Phone: _____ Secondary email: _____

Local Address
(if different from above): _____
Street, City, State, ZIP

Billing Information

(Student statements are sent electronically. Please list bill payer's name and email address):

1. Name: _____ Email: _____

Relationship to student: _____

2. Name: _____ Email: _____

Relationship to student: _____

Billing Address (if different from mailing address):

Name: _____

Address: _____

CHANGE OF PARENT / GUARDIAN INFORMATION

1. Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

2. Name: _____ Relationship: _____

Mailing Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Signature of Student: _____ Date _____

Please sign and fax or mail this form (and any documentation) to:
John Carroll University • Registrar's Office • 1 John Carroll Boulevard • University Heights, OH 44118 • Fax: (216) 397-3049