CHANGE OF ADDRESS AND/OR NAME

Please complete the areas you would like to change and sign at the bottom of the form.

Name:	Banner ID or SSN:
Last, First, MI	
**Former Name:	DOB:
_ ·	record, you must provide TWO (2) forms of documentation of the name and any one of the following are acceptable documentation: a Social sport.
Mailing Address:	
	reet, City, State, ZIP
Home Phone:	Cell Phone:
Email:	Secondary email:
Local Address (if different from above):	
Str	reet, City, State, ZIP
=	onically. All email addresses attached to the student account receive a billing Web and click on Personal Information from the main menu.
CHANGE OF PA	RENT / GUARDIAN INFORMATION
1. Name:	Relationship:
Mailing Address:	
	Cell Phone:
Email:	
2. Name:	Relationship:
Mailing Address (if different from above):	
Home Phone:	Cell Phone:
Email:	
Signature of Student:	Data
Please sign and fax scan or mail this form (and any document	tation) to:

Please sign and fax, scan, or mail this form (and any documentation) to: