

Address/ Name Update Form

Student ID #: _____ Date: _____

Name: _____

Name Update

If this is a new name*, what was your former name?: _____

Is this a change in marital status? (check one): Yes No

If yes, what is the updated marital status? (check one): Single Married Divorced

*Note: If this is a name change, supporting documentation is required to make the change. Please provide a copy of your new photo ID or proof of your name change with this form.

Address Update

New Street Address: _____

City: _____

State: _____ Zip: _____

County: _____

Home Phone Number: _____ Cell Phone Number: _____

Recovery E-mail Update

E-mail: _____

I attest that I am the individual signing this statement and that all information is true and correct to the best of my knowledge.

I understand that electronically signing this form constitutes a legal signature agreeing to the terms and conditions and also certify that the provided information is complete, truthful, and accurate. Electronic signatures must accompany photo identification.

Student Signature: _____ **Date:** _____

<u>Office Use Only</u>
Processed by: _____ Date: _____