



# CHANGE OF NAME AND/OR ADDRESS FORM

- Undergraduate
- Graduate

\_\_\_\_\_  
Please print name as it presently appears.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print name as it SHOULD NOW APPEAR.

\_\_\_\_\_  
Student ID Number (or SSN)

( ) \_\_\_\_\_

\_\_\_\_\_  
Current Permanent Address (Street or P.O. Box)

\_\_\_\_\_  
Permanent Phone Number

( ) \_\_\_\_\_

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Cell Phone Number

( ) \_\_\_\_\_

\_\_\_\_\_  
Current Local Address (Street or P.O. Box)

\_\_\_\_\_  
Local Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail Address (Non-USF)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Effective Date

To change name, please include original, official court certified marriage license/documentation of legal name change & new driver's license.  
Copies will not be accepted.

Date Entered \_\_\_\_\_