

# STUDENT ADDRESS AND NAME CHANGE FORM



## I. STUDENT INFORMATION (This form is for students only. Employees and student workers need to contact HR)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name Phone Relationship

## II. REQUEST FOR NAME CHANGE (Copy of state issued identification with new name is required for change)

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

## III. REQUEST FOR ADDRESS CHANGE (This address will be your preferred mailing address)

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## IV. REQUIRED SIGNATURE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A name change REQUIRES the student to contact the IT Department at 817-531-4428.**

For Office of Student Records Use Only

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_