

University of the Incarnate Word Office of the Registrar 4301 Broadway, CPO 304 San Antonio, TX 78209

## **Student Request for Change of Address or Name**

## Student Identification Card Required for Verification Please print or type

Date: _			Student ID Number:			
Name:						
	Last		First	Middle	M	aiden
			Change of Addı	ress		
Permar	nent:					
	Stree	t	Apt	C	ity St	ate Zip
Local:						
	Stree	t	Apt	C	ity St	ate Zip
Billing	:Stree		Ant		ity St	ate Zip
Home 1	Phone:		Apt	Work Phone:	•	•
	ate E-Mail Address:					
Alterna	tie E-Mail Address.					
Studen	t's Signature (Required	l)				
			Change of Nar	ne		
you ma status r	n: This office, the univary want to reflect a name may result in problems wer, we will change your re-	e change due to ith your records	a change of marital st in the future. We reco	tatus, the potential for	or a future change	in your marita
origina indicati not ac	Il change the name on your legal document indications reinstatement of preventing requests to change able to process your requests.	ng your name. vious name, birtle your name by	Legal documents incl n certificate, legal cour	ude: marriage certifi rt order to change na	cate, divorce or an ame, or adoption pa	nulment decre apers. <b>We w</b> i
From:						
	First	Middle	Maiden	Last	Suffix	
То:						
	First	Middle	Maiden	Last	Suffix	
_		_				
Studen	t's Signature (Required	l)				3/17/09 7:38 AI