



**CHANGE OF ADDRESS/SOC.SEC./NAME FORM FOR NEW STUDENTS**  
**Original proof of change is required**

(THIS FORM IS **NOT** TO BE FILLED OUT BY CONTINUING STUDENTS)

**SEMESTER ADMITTED** [ ] Spring [ ] Fall Year 200\_\_\_\_\_

Status [ ] Freshman [ ] Transfer [ ] Non-Degree [ ] Graduate [ ] Second Degree

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number/College ID \_\_\_\_\_

New Social Security Number \_\_\_\_\_

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Old Address \_\_\_\_\_  
*Street Apt. no*

\_\_\_\_\_ *City State Zip code*

New Address \_\_\_\_\_  
*Street Apt. no.*

\_\_\_\_\_ *City State Zip code*

New Phone Number \_\_\_\_\_  
*(Area Code)*

New Name \_\_\_\_\_  
*Last First Middle*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For office use only**

Updated \_\_\_\_\_ Date \_\_\_\_\_  
*Operator's signature*

*White copy: student's file copy: student*