



ADDRESS AND NAME CHANGE FORM

Address Type *(check all that apply)*

- Home (permanent)
- Local (where you live during school)
- Billing
- Parents' (if new address is only for one parent, specify name below)
 - Mother _____
 - Father _____
- Other (explain) _____

Student ID _____ SSN _____

First Name _____ **Middle** _____ **Last** _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Country (if not U.S.) _____

Home Telephone (_____) _____ Cell Phone (_____) _____

E-Mail Address _____

Closing your campus mailbox? Yes _____ No _____ Mailbox # _____

Date effective _____

Student signature _____ **Date** _____
(required)

Name Change

(Two of the following with new name required:
driver's license, social security card, marriage license, divorce decree, passport, court order)

Old name _____

New name _____

Please return form to:

Whitworth University
Office of the Registrar
300 W Hawthorne Road
Spokane, WA 99251

For office use only

Initial, date, and circulate to next office:

Registrar	_____
Student Loans	_____
Student Post Office	_____
Alumni	_____

Circulate to Office of the Registrar FIRST and LAST

Address or name change accepted by _____ Date _____