



Registrar's Office
Change of Name/Address form

Date Student ID # Social Security #

Last name First name MI

Phone number/extension

Name change:

Previous last name Previous first name MI

New last name New first name MI

* Name changes must be accompanied by legal documents of proof

Address change:

Check all that apply:

- Local
Billing
Permanent

New Address

City State Zip code

Phone number/extension

By signing, I authorize Providence Christian College to make the changes listed above.

Signature Date

OFFICE USE ONLY
Changes entered into GradPro
Changes made by: