



# BACONE COLLEGE

## STUDENT CHANGE OF INFORMATION FORM

(Please use for change of address, name, email, etc. Any student requesting a change in name must present documented proof that the change of name has already occurred, e.g. marriage license, court documents, etc. This form should be returned to the Registrar's Office, Walter Starr, 2<sup>nd</sup> floor, for processing.)

Student's Current Name: \_\_\_\_\_

Student's SS#: \_\_\_\_\_

Student's NEW NAME: \_\_\_\_\_

Gender:    \_\_\_Female                   \_\_\_Male

Student's NEW HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Student's NEW TELEPHONE NUMBER: \_\_\_\_\_

Student's CELL PHONE Number: \_\_\_\_\_

Student's EMAIL Address: \_\_\_\_\_

Any other new information: \_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **OFFICE USE**

Date Received: \_\_\_\_\_

Date Posted: \_\_\_\_\_ Initials: \_\_\_\_\_