

CHANGE OF NAME AND/OR ADDRESS FORM

FAIRMONT STATE UNIVERSITY
PIERPONT COMMUNITY AND TECHNICAL COLLEGE
OFFICE OF STUDENT SERVICES

CURRENT STUDENT INFORMATION:

Name _____
(Last) (First) (Middle)

Student ID _____ Date of Birth _____
(F00..... or SS#)

CHANGE OF NAME INFORMATION: (if applicable)

New Name _____
(Last) (First) (Middle)

Note: Copy of legal name change document is required.

CHANGE OF ADDRESS INFORMATION: (if applicable)

Street _____

City _____ State _____

Zip Code _____ County _____

Home Phone Number (_____) _____ - _____

Cell Phone Number (_____) _____ - _____

Student Signature _____

Date _____