

ADDRESS/NAME CHANGE REQUEST

Ecclesia College

Registrar's Office

Please complete all three (3) addresses so that we can update your record.

Student ID#: _____ Date: _____

Name: _____ Email: _____

LOCAL ADDRESS

Address: _____

City State Zip

Country: _____ Phone: _____

NEXT OF KIN

Address: _____ Relation: _____

City State Zip

Country: _____ Phone: _____

PERMANENT ADDRESS

Address: _____

City State Zip

Country: _____ Phone: _____

Marital Status: Married Divorced Single Widowed

Maiden/Former Name: _____
(Please print your name as it appears on our records now)

Name Change* : _____
(Please print **IN FULL** your new name)

***NOTE: LEGAL DOCUMENTATION IS NEEDED FOR A NAME CHANGE**

Photocopy of marriage certificate is acceptable.

I hereby authorize the EC Registrar's Office to make the above noted changes to my records.

Signature Date

FOR OFFICE USE ONLY: Recorded by: _____ Date: _____

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