ENDICOTT COLLEGE
CHANGE OF ADDRESS FORM
CHANGE OF NAME FORM

___ CHANGE OF ADDRESS ___ CHANGE OF NAME

STUDENT ID#: _____

LAST NAME: _____ FIRST NAME: _____ MI: ____

NEW NAME: _____
LAST FIRST MI

*****Proper ID required for name change**********

THIS ADDRESS CHANGE WILL EFFECT: (PLEASE CHECK ALL APPROPRIATE CATEGORIES)

_____ STUDENT_____ PARENTS_____ FINANCIALLY RESPONSIBLE PERSON

NEW ADDRESS for Student:

STREET: _____

CITY: _____STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

Financially responsible person ? Y or N

NEW ADDRESS for Parent #1: (Please list first and last name)

NAME: _____

STREET: _____

CITY: _____STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

Financially responsible person? Y or N

NEW ADDRESS for Parent #2: (Please list first and last name)

NAME: _____

STREET: _____

CITY: _____STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL PHONE #: _____

E-MAIL: _____

Financially responsible person? Y or N

STUDENT SIGNATURE: _____ DATE: _____

Last updated: 09/27/11