

Address/Name Change Form

NOTE: You may print this form, complete it and fax, mail or bring it to the Registrar's office; however, all requests MUST be accompanied by a copy of your identification.

DATE: _____ STUDENT ID/SSN: _____

NAME (Print): (Last) _____ (First) _____ (Middle) _____

FORMER NAMES(S): _____

TYPE OF CHANGE: CIRCLE ALL THAT APPLY

Social Security No.*

Last Name	Local Address	Birthdate	Other
First Name	Local Phone	Residency*	
Middle Initial	Permanent Address	Permanent Phone	

(* requires hard copy verification attached to this form)

CHANGE FROM: _____

CHANGE TO: _____

REASON FOR CHANGE: _____

CHANGE MAILING ADDRESS TO: _____

(CITY, STATE, ZIP) _____

PHONE: _____ E-MAIL: _____

SIGNATURE: _____

PLEASE REMEMBER PROPER IDENTIFICATION.

Fort Scott Community College
Registrar's Office
2108 S. Horton
Fort Scott, KS 66701
FAX (620) 223-6530