

University of the Incarnate Word
Student Request for Change of Address or Name
Student Identification Card Required for Verification

Please print or type

Date: _____ Social Security Number: _____

Name: _____ Advisor: _____

Change of Address

Permanent: _____
Street City State Zip

Local: _____
Street City State Zip

Grade: _____
Street City State Zip

Billing: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Student's Signature (Required) _____

Change of Name

Caution: This office, the institution, and the Federal Government take the name on your records very seriously. While you may want to reflect a name change due to a change of marital status, the potential for a future change in your marital status may result in problems with your records. We recommend using the name you submitted when admitted, however we will change your records according to your request. Original legal documents (marriage certificate, divorce decree, social security card) must be submitted each time to change your name.

From: _____
First Middle Maiden Last Suffix

To: _____
First Middle Maiden Last Suffix

Student's Signature (Required) _____