



Change of Name* and/or Change of Address

Name: _____

Class: _____

Date: _____

Social Security #: _____ Banner ID #: _____

Old Information (From):

Name: _____

Address: _____

New Information (To):

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Student Signature: _____

***To change your name, please provide legal documentation.**

We will accept a current driver's license or passport, or an original (or copy of) birth certificate, marriage certificate or legal name change document. The supporting document can be scanned, along with this completed form, and e-mailed to records@providence.edu.