



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

# NAME/ADDRESS CHANGE REQUEST

THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY

PLACE DATE STAMP HERE

STUDENT ID: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PLEASE CHECK THE APPROPRIATE STATUS:

Currently Enrolled Student

Incoming Student

## PLEASE INDICATE THE ITEM THAT YOU ARE REQUESTING TO UPDATE:

Update Name

Update Address

Update Telephone

Update Other \_\_\_\_\_

### NAME CHANGE

APPROPRIATE STATE OR COURT ISSUED DOCUMENTATION IS REQUIRED FOR A NAME CHANGE

FORMER NAME: \_\_\_\_\_  
Last First Middle

NEW NAME: \_\_\_\_\_  
Last First Middle

### ADDRESS CHANGE

PERMANENT ADDRESS: \_\_\_\_\_  
Street 1 Apartment

\_\_\_\_\_  
City State Zip Code

MAILING ADDRESS: \_\_\_\_\_  
Street 1 Apartment

\_\_\_\_\_  
City State Zip Code

PARENT ADDRESS: \_\_\_\_\_  
Street 1 Apartment

\_\_\_\_\_  
City State Zip Code

### TELEPHONE CHANGE

HOME PHONE: \_\_\_\_\_  
Phone

CELL PHONE: \_\_\_\_\_  
Phone

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Posted By

Date Posted