

**KEENE STATE COLLEGE  
STUDENT ADDRESS & NAME CHANGE FORM**

**Instructions:** Return the completed form as an e-mail attachment to the Registrar's Office, or print the form and deliver it to the Registrar's Office.

**Name:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Local Address (for Fall/Spring semesters)** **Check if the above is a name change** \_\_\_\_\_

Street: \_\_\_\_\_ List previous name below: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Copies of legal documents may be required to change a name in a student's record.

Local Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Permanent Address (for summer correspondence):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (if not U.S.): \_\_\_\_\_ Perm Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Registrar 03/09*