

Spokane Community College
NAME AND MAILING ADDRESS
CHANGE FORM

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Student identification number*

Print name Last First Middle Initial

NAME CHANGE (signature required)
Legal documentation required or valid driver's license and Social Security card with corrected name on both.

Previous name Last First Middle Initial

New name Last First Middle Initial

Student's signature Date

E-mail address

MAILING ADDRESS CHANGE (signature required)

New address

City State ZIP

Phone

Student's signature Date

E-mail address

* For student identification number corrections, please contact the Registration Office.

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FOR OFFICE USE ONLY

Please initial on the line after each process is completed:

_____ On terminal

_____ **Financial aid** - Name change only

After all changes are made, this card is to be scanned into the student's record.

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