



**Office of the Registrar**  
 100 Ochre Point Avenue  
 Newport, Rhode Island 02840-4192  
 401.341.2943 • FAX: 401.341.2996

## NAME AND ADDRESS CHANGE FORM

**OFFICE USE ONLY**  
 Date Recorded: \_\_\_\_\_  
 Recorder Initials: \_\_\_\_\_

- Print clearly. Use Ball-point pen. Press firmly.
- Name changes require positive photo-identification.
- Changes become effective only when valid forms are filed in the Registrar's Office.

Print Student Name: \_\_\_\_\_ Change Effective Date: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Do you receive Veteran's Benefits?  No  Yes

**STUDENT ADDRESS CHANGE**

Type of Address Change (Check ALL that apply):  
 Local  Permanent  Billing

Print OLD Address:  
 Number & Street: \_\_\_\_\_  
 Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Print NEW Address:  
 Number & Street: \_\_\_\_\_  
 Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**PARENT ADDRESS CHANGE**

Identify Parent:  Both Parents  Father only  
 Guardian  Mother only

Print Name of Parent(s): \_\_\_\_\_

Print OLD Address:  
 Number & Street: \_\_\_\_\_  
 Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Print NEW Address:  
 Number & Street: \_\_\_\_\_  
 Apartment: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip Code: \_\_\_\_\_  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**NAME CHANGE**

Name Change is for (Check ONE only):  
 Student  Parent  Guardian

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Print OLD Name:  
 Last Name: \_\_\_\_\_  
 First & Middle: \_\_\_\_\_

Print NEW Name:  
 Last Name: \_\_\_\_\_  
 First & Middle: \_\_\_\_\_

Validation of NEW name is required; one of the following must be presented with this form:  
 Driver's License  Court Order  
 Marriage License  U.S. Passport  
 Military ID  Federal/State ID  
 Other - Specify: \_\_\_\_\_

Return this form to Office of the Registrar immediately, by mail, fax, or in person.