



**Office of the Registrar**  
 McAuley Hall 205  
 100 Ochre Point Avenue  
 Newport, RI 02840-4192  
 Tel: 401-341-2943 \* Fax: 401-341-2996

**OFFICE USE ONLY**

Date Recorded: \_\_\_\_\_

Recorder Initials: \_\_\_\_\_

**NAME AND ADDRESS CHANGE FORM**

- Print clearly.
- Name changes require positive photo-identification.
- Changes become effective only when valid forms are filed in the Office of the Registrar.

Student Cell Phone: \_\_\_\_\_

**Print Student Name:** \_\_\_\_\_

**Change Effective Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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: (\_\_\_\_\_) \_\_\_\_\_

**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

**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:**

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License       | <input type="checkbox"/> Court Order      |
| <input type="checkbox"/> Marriage License       | <input type="checkbox"/> U.S. Passport    |
| <input type="checkbox"/> Military ID            | <input type="checkbox"/> Federal/State ID |
| <input type="checkbox"/> Other – Specify: _____ |   |