

UNIVERSITY OF MICHIGAN – DEARBORN
OFFICE OF REGISTRATION & RECORDS
Name Change and/or Address Change Form

PLEASE PRINT

CURRENT NAME	_____		_____
	Last	First	Middle
	_____		_____
	Student Number		Today's Date
STUDENT SIGNATURE	_____		

NAME CHANGE (Formal Documentation Required)

CHANGE NAME TO	_____		_____
	Last	First	Middle
EFFECTIVE DATE	_____		
REASON FOR CHANGE	_____		

ADDRESS CHANGE

New Address: number, street, apartment (30 characters maximum)			

City		State	Zip Code
PERMANENT TELEPHONE	_____	_____	
	Area Code	Telephone Number	
BUSINESS TELEPHONE	_____	_____	
	Area Code	Telephone Number	

Office Use Only: In Person _____ Written _____