

FLAGLER COLLEGE



Tallahassee Campus

CHANGE OF ADDRESS AND NAME FORM

STUDENT I.D.#: (*For Office Use Only*) _____ DATE: _____

FULL NAME: _____
(Last) (First) (MI)

SOCIAL SECURITY NO: _____ BIRTH DATE: _____

NEW ADDRESS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____

CHANGE APPLIES TO: (check all that apply)

_____ Local Address

_____ Permanent Address

_____ Parent Address

_____ Billing Address

GRADES WILL BE SENT TO PERMANENT ADDRESS ONLY

STUDENT SIGNATURE _____

NAME CHANGE (Must have the following: Driver's License, Social Security Card, and Marriage Certificate)

NEW NAME (Print) _____
First Middle Last

Return to the Office of the Registrar 444 Appleyard Drive • Tallahassee, FL 32304 FAX (850) 201-8678

COPY: Business Services
Financial Aid

College Nurse (Name Change Only)
Alumni Affairs (Alum Only)