



CHANGE OF NAME/ADDRESS FORM

Name _____ Social Security No. ____/____/____

Maiden Name (if used for registration at AU) _____

Previous Address: _____

City/State/Zip: _____ Phone: (____) ____/____

New Address: _____

City/State/Zip: _____ Phone: (____) ____/____

Parent's Current Address (if different from above):

_____ City _____ State _____ Zip _____

Student's Area of Study: ___ Undergraduate ___ Graduate ___ Ed D

Signature _____ Date: _____