

STUDENT REQUEST TO CHANGE NAME/ADDRESS/PHONE NUMBER

		CURR	ENT INFORMATION	
Student Name		First	Student ID no	
Last	F	ïrst	Middle	
Date of birth	Phone	number	Florida Tech email	
I am an international student	O Yes O No	Internationa	al Student and Scholar Services	
Student signature			Date	
		UPD!	ATE INFORMATION	
☐ CHANGE LEGAL NAME				
Please change name from:	Name			
			First	Middle
То:	Name	Last	First	Middle
Copy of an original marriage license, passport, military ID, e		ree must be attache	ed for name changes. Additional documentation	on may be requested (i.e., driver's
☐ ADD PREFERRED FIRST NA	∖ME*			
			st name (you cannot add a preferred last name eserves the right to deny a preferred first name	
Preferred first name				
☐ CHANGE ADDRESS(ES)				
Please update the following ad	dress(es)			
PERMANENT HOME ADDRESS	(PR):			
				nber
LOCAL ADDRESS (MA):				
LOCAL ADDRESS (MA).			Phone nur	nber
			I none nui	inder
BILLING ADDRESS (BI):				
			Phone nur	nber
	ONLY.			
□ CHANGE PHONE NUMBER				
Please change phone number	to:		FOR OFFICE USE ONLY	
			DEGG L VIII I	
			REGS Initiator	Date

FLORIDA'S **STEM** UNIVERSITY

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