



Office of the Registrar
100 Ochre Point Avenue
Newport, Rhode Island 02840-4192
401.341.2943 • FAX: 401.341.2996

OFFICE USE ONLY

Date Recorded: _____
Recorder Initials: _____

NAME AND ADDRESS CHANGE FORM

- Print clearly. Use Ball-point pen. Press firmly.
- Name changes require positive photo-identification.
- Changes become effective only when valid forms are filed in the Registrar's Office.

Print Student Name: _____ Change Effective Date: _____
Student Signature: _____ Social Security Number: _____ - _____ - _____
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: (_____) _____

E-Mail: _____

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

Social Security No: _____ - _____ - _____

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:

Driver's License Court Order
 Marriage License U.S. Passport
 Military ID Federal/State ID
 Other - Specify: _____

Return this form to Office of the Registrar immediately, by mail, fax, or in person.