

Full Name	
DSU ID # (900#####)	
Email	Phone

Name Change

Please provide legal documentation to have your name legally changed. Present a copy of a social security card with your new and acceptable documents such as a court order or marriage certificate.

Previous Name
New Name

Permanent Address Change

Please change my permanent address to the following. The student must be 21 years of age and permanent address must be a physical address.

Street
City
State
Zip Code
County
Phone Number

Mailing Address Change

Please change my mailing address to the following. The student must be 21 years of age.

Street
City
State
Zip Code
County
Phone Number

Signature	Date
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