

FOR OFFICE USE ONLY  
Banner

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 \_\_\_\_\_

### ADDRESS CHANGE

**PLEASE CHANGE MY PERMANENT ADDRESS TO:**

Student must be 21 years of age and permanent address must be a physical address.

Street/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

**PLEASE CHANGE MY MAILING ADDRESS TO:**

Street /P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date