

# ADDRESS/NAME CHANGE FORM



Student Name \_\_\_\_\_ SWC ID# \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female  Are you an employee of the District?  Yes  No

## PLEASE LIST NEW INFORMATION

### NAME CHANGE

(Print) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

NOTE: Two photo identifications are required for processing name changes

### ADDRESS CHANGE

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

( \_\_\_\_\_ )  
Telephone Number \_\_\_\_\_ HOME  CELL

**Mailing Address (if different from above):**

Include P.O. Box No. \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

*I certify that the information is correct and I understand that falsification of information submitted may result in my dismissal.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

UPDATED \_\_\_\_\_ WebAdvisor \_\_\_\_\_ DRUS  NAE  ADR

Verified Documentation (name change) \_\_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

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