

# Name or Contact Information Change

Used to change the official name or contact information on the student record.

\_\_\_\_\_  
*NDNU ID Number*

\_\_\_\_\_  
*Student Name*

## Procedure

1. Complete the portion of the form that applies to the change you want to make. Sign and date the form at the bottom of the page.
2. A change of name must be made in person at the Office of the Registrar and requires Certified Verification (i.e. Social Security Card, Driver's License, Marriage Certificate, Divorce Certificate, or Court Order Name Change).
3. A change of address may be completed through the Campus Portal, or by using this form. The form may be brought or mailed to the Office of the Registrar.
4. If you have separate billing addresses on file with the Business Office, please consult with them when making a change of address.

## Current Information in Student Record

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Zipcode*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Private Email Address*

## Change Requested (write only the information that changes)

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State*

\_\_\_\_\_  
*Zipcode*

\_\_\_\_\_  
*Cell Phone Number*

\_\_\_\_\_  
*Home Phone Number*

\_\_\_\_\_  
*Private Email Address*

## Additional Information Required for a Change of Address (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Change of Permanent Address                               | <input type="checkbox"/> I have submitted a graduation application. Please send my diploma to the new address stated above. |
| <input type="checkbox"/> Change of Local Address                                   | <input type="checkbox"/> Undergraduate Student  |
| <input type="checkbox"/> Temporary change effective _____<br><i>Month/Day/Year</i> | <input type="checkbox"/> Graduate Student   |

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*