



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

NAME/ADDRESS CHANGE REQUEST

THE REGISTRAR'S OFFICE

FOR OFFICE USE ONLY

PLACE DATE STAMP HERE

STUDENT ID: _____

BIRTH DATE: _____

LAST NAME: _____

FIRST NAME: _____

PHONE NUMBER: _____

EMAIL: _____

PLEASE CHECK THE APPROPRIATE STATUS:

Currently Enrolled Student

Incoming Student

PLEASE INDICATE THE ITEM THAT YOU ARE REQUESTING TO UPDATE:

Update Name

Update Address

Update Telephone

Update Other _____

NAME CHANGE

APPROPRIATE STATE OR COURT ISSUED DOCUMENTATION IS REQUIRED FOR A NAME CHANGE

FORMER NAME: _____
Last First Middle

NEW NAME: _____
Last First Middle

ADDRESS CHANGE

PERMANENT ADDRESS: _____
Street 1 Apartment

City State Zip Code

MAILING ADDRESS: _____
Street 1 Apartment

City State Zip Code

PARENT ADDRESS: _____
Street 1 Apartment

City State Zip Code

TELEPHONE CHANGE

HOME PHONE: _____
Phone

CELL PHONE: _____
Phone

Student Signature

Date

FOR OFFICE USE ONLY

Posted By

Date Posted