



RHODES STATE COLLEGE

Address and/or Name Change

(Please Print Clearly & Complete Entire Form)

Student ID # _____ Birthdate _____

ADDRESS CHANGE:

LastName _____ FirstName _____ MI. _____

New Street _____

New City _____ State _____ Zip _____

New County _____ Phone # _____

Marital Status _____

Currently attending Rhodes State College? Yes _____ No _____

NAME CHANGE:

Former Name (last, first, MI) _____

New Name (last, first, MI) _____

Marital Status _____

Please list all previous names: _____

SIGNATURE _____

DATE _____