Orange Coast College
ADDRESS/NAME CHANGE FORM

Student Name: _____ ID Number: _____ Date of Birth: _____

New information

Name: (if applicable) _____
LAST FIRST MIDDLE

New Address: _____
NUMBER & STREET CITY STATE ZIP

Email address: _____

New Telephone Number: (_____) _____

New mailing address (if different than above): _____
STREET STATE ZIP

Old information

Previous Name (if applicable): _____

Previous Address: _____
NUMBER & STREET CITY STATE ZIP

Signature: _____ Effective Date: _____

Note: If you are changing your name, please provide a copy of identification that proves that your name has changed (i.e. driver's license, social security card, legal paperwork, etc.)