

A – Faculty/Staff Information

Please fill in this section completely.

Effective Date for this change:

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Name:

NDID (or SSN):

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I am making this request because (check any/all that apply):

- my name has changed.* (Please fill in section **B** completely and sign/date at the bottom.)
- my home address/phone number has changed. (Please fill in section **C** completely and sign/date at the bottom.)
- my campus address/phone number has changed. (Please fill in section **D** completely and sign/date at the bottom.)

B – Name Changes

NOTE: A copy of your marriage license, drivers license, court order or similar document must be attached.

Previous Name:

<small>First</small>	<small>Middle</small>	<small>Last</small>

New Name:

<small>First</small>	<small>Middle</small>	<small>Last</small>

Reason for name change:

C – Home Address/Phone Changes

Previous Address:

<small>Street</small>	<small>Apartment Number</small>
<small>City</small>	<small>State</small> <small>ZIP</small>
<small>Country (if outside USA)</small>	

New Address:

<small>Street</small>	<small>Apartment Number</small>
<small>City</small>	<small>State</small> <small>ZIP</small>
<small>Country (if outside USA)</small>	

Previous Phone:

New Phone:

D – Campus Address/Phone Changes

Previous Address:

<small>Building</small>	<small>Room Number</small>

New Address:

<small>Building</small>	<small>Room Number</small>

Previous Phone:

New Phone:

Signature:

Date:

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Contact Phone Number: