



University
College

Name/Address Change Form Office of the UC Registrar

Name: _____ ID# _____

SSN: _____ DOB: _____

Name change requires official identification (marriage certificate, Social Security card, or legal documentation)

NEW NAME

Name (last): _____ (first): _____ (MI): _____

NEW ADDRESS

Street _____

City, State, ZIP _____

Phone (_____) _____

School Status: Currently Enrolled: Yes No Last enrolled in classes (term) _____ (year) _____

Student Signature: _____ Date: _____

Office of the UC Registrar | Azusa Pacific University College
Ph:(626) 857-2494 | Fax: (626) 276-7035 | E-mail: registrar@uc.apu.edu