MOORPARK COLLEGE
FINANCIAL AID OFFICE
ADDRESS & NAME CHANGE FORM

NAME CHANGE (Please print clearly)

CURRENT NAME:

_____
(LAST) (FIRST) (MI)

CHANGE MY NAME TO:

_____
(LAST) (FIRST) (MI)

Please submit the following documentation: Marriage certificate, divorce papers, INS document, or court-approved documentation of name change. You must bring your Social Security card.

ADDRESS CHANGE (Please print clearly)

_____
STREET ADDRESS (APT. #)

_____
CITY STATE ZIP CODE

(_____)_____
TELEPHONE NUMBER

THIS ADDRESS CHANGE IS NOT REPORTED TO ADMISSIONS & RECORDS. YOU ARE RESPONSIBLE FOR MAKING THESE CHANGES TO YOUR STUDENT RECORD.

_____ _____
STUDENT'S NAME (please print clearly) STUDENT'S SIGNATURE

_____ _____
SOCIAL SECURITY NUMBER DATE

========== **OFFICE USE ONLY** ==========

CHANGES POSTED BY: _____ DATE _____