



STANTON UNIVERSITY

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CHANGE OF ADDRESS AND OR/ CHANGE OF NAME FORM

NAME _____ MAJOR _____
LAST FIRST PROGRAM

FORMER ADDRESS _____

FORMER TELEPHONE # _____

NEW NAME _____
LAST FIRST

NEW ADDRESS _____

NEW TELEPHONE # _____

The effective date of the above change is _____

STUDENT SIGNATURE

DATE

Office of the Registrar Use Only:

Received By _____ Official Change Date _____ Change Date _____