

**Arcadia University**  
**CHANGE OF NAME/ADDRESS – Graduate Students**

Name \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_

**NAME CHANGE** (*Note: All name changes must have a copy of a legal documentation indicating the new name, example: marriage license, court document, driver's license. Name will not be changed without this information*)

**NEW NAME:** \_\_\_\_\_

**NEW HOME ADDRESS:** (Define as a student's permanent legal mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW LOCAL ADDRESS:** (Define as a off-campus local address; that is not your home address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW TELEPHONE:**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_