



Office of the Registrar  
1201 Locust Avenue (HB 248)  
Fairmont, WV 26554  
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(f) 304-367-4881  
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## CHANGE OF NAME AND/OR ADDRESS FORM

### Student Information

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

Student ID \_\_\_\_\_ Current Date \_\_\_\_\_  
(R00.....)

### Change of Name Information (if applicable)

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

Legal Document:  Driver's License  Social Security Card  Marriage License  
 Divorce Decree  Passport  Court Order  Other \_\_\_\_\_

### Change of Address Information (if applicable)

Change Effective:  Immediately  Please change as of \_\_\_\_\_  
(Ex: 03/27/2020)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Type of Phone:  Home  Cell

### Student Signature

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

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

### Office of the Registrar

Completed By (Signature) \_\_\_\_\_ Date \_\_\_\_\_