



Office of the Registrar
500 Galliher Drive
Fairmont, WV 26554
(p) 304-367-4907
(f) 681-661-4534
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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 _____