

Student Information Change Request



Use this form to: * update your address and phone number
 * change your name

Name (print) _____ Student ID _____

Incomplete forms may delay your change request.

Address & Phone Update	
New Address	
Apartment #	
City, State, ZIP	
Home Telephone #	
Cell Phone #	
Work Telephone #	

Name Change	First	Middle	Last
Old Name (print legibly)			
New Name (print legibly)			
Attach a copy of official documentation reflecting the name change. Acceptable documentation includes:			
Washington State Driver's License or ID Card	Court Order-certified copy		
Passport	Marriage Certificate		
Birth Certificate	Dissolution Decree showing new name		
Alien Registration Card	International students must present a passport issued in the new name.		

Please allow up to 10 days for processing of your request.

X _____ Date _____
 Student Signature (required)

Submit this form in person, by mail, fax or scan: AUS Registrar's Office
 2326 Sixth Ave.
 Seattle, WA 98121-1814
 fax: (206) 268-4242
 registrar@antiochseattle.edu

Questions? (206) 268-4772

Office Use Only	Date Rec'd	Date Processed
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