



ADDRESS CHANGE/NAME CHANGE FORM

NAME CHANGE

(Attention: ** This form must be accompanied by legal documentation, i.e., marriage license, court papers, or Social Security card.)

Genisys ID: _____ School: _____

Prior Name: _____ Name Changing to: _____

Reason: _____

Signature (required): _____ Date: ____/____/____

Administrative Office Use Below:

SPAIDEN: ف Legal Docs attached: ف Date: _____ Registrar Staff: _____

ADDRESS CHANGE (for alumni)

Current students are required to update their address in Genisys.

Genisys ID (if known): _____

Name: _____ Maiden Name (if applicable): _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

New Address: _____

City/State/Zip: _____ Effective Date: ____/____/____

New Home Phone #: _____ Work #: _____ Email: _____

Administrative Office Use Below:

SPAIDEN: ف Date: _____ Registrar Staff: _____