

## NAME/ADDRESS CHANGE FORM

Completed forms can be scanned and emailed to <a href="mailedto">registrar@regent.edu</a>, faxed to 757.352.4033, dropped off or mailed to the Registrar's Office (Student Center, Suite 218)

Genisys ID:		School:		
Student Worker/Graduate Assista	ant? ☐ Yes*	☐ No (*If ye:	s, please contact H	uman Resources)
Prior Name:	Na	me Changing to:		
Reason:				
Signature (required):			Date:	
PREFERRED NAME  (**Attention: You do not need to name. This request can only be not a variation of your legal first)	<mark>e completed if y</mark> e	<mark>ou are requesti</mark> n		
Genisys ID:		School:		
Student Worker/Graduate Assista	ant? ☐ Yes*	☐ No (*If ye:	s, please contact H	uman Resources)
Preferred Name:				
Signature (required):			Date:	//
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ADDRESS CHANGE (for alum Current students are required to a second students are required to a second students are required to a second students are second students a		<mark>ddress in Geni</mark> s	sys.	
Genisys ID (if known):				
Student Worker/Graduate Assista	ant? ☐ Yes*	☐ No (*If ye:	s, please contact H	uman Resources)
Name:		Maiden N	ame (if applicable): _	
		Date of Birth:		
Social Security #:				
Social Security #:				