

**EAST ARKANSAS COMMUNITY COLLEGE
ADDRESS AND NAME CHANGE FORM**

Name:	Student ID Number:
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NAME CHANGE

(To have a name changed, a copy of a legal document must be submitted with this form.)

Change name from (Current name used on record):
Change name to (New name):

ADDRESS CHANGE

	OLD ADDRESS	NEW ADDRESS
Street		
City , State, Zip		
Telephone		

Is this a change in county residence? Yes No Is this a change in state residence? Yes No

(Note: If yes, documentation must be submitted before registration to receive in-county or in-state tuition rates. Approval must be made by the Registrar before any residency change may be made. Students must have lived in-county or in-state for a period of six months BEFORE a semester in order to receive the appropriate tuition rates.)

For Office Use Only:	
REGISTRAR'S OFFICE: _____	DATE: _____
CHANGED: _____	SEMESTER CHANGED: _____

WHITE: REGISTRAR BLUE: BUSINESS OFFICE YELLOW: FINANCIAL AID GREEN: COUNSELING PINK: STUDENT

Rev. 4/00

Alternate Disclaimer: If you are not able to submit this form via the web, you may submit the form to Betty Jo Hodges Building or fax to 870-633-3840.