

CHANGE OF NAME / ADDRESS / CONTACT INFO

If requesting to change the legal name maintained on your official Capital student record, submit this form along with two proofs of identification to the Office of the Registrar. Each must bear the revised name and one must contain a photograph.

The following documentation can be used as proof of identification: social security card (required if receiving federal or state student aid); official name change or other court-issued document; driver's license; birth certificate; government or military ID; passport; marriage license; divorce decree.

STUDENT INFORMATION

Name Currently on Record (please print): _____

Date of Birth: _____ **ID# or SSN** (last 4 digits) _____

REQUESTED CHANGES (select all that apply)

NAME CHANGE:

Change Name To (please print): _____

Preferred Personal Pronouns (optional): _____

ADDRESS CHANGE:

Old Address: Street _____

City _____ State _____ ZIP _____

New Address: Street _____

City _____ State _____ ZIP _____

This Change is: Parent's Address Permanent Address Local Address

Employer _____

PHONE NUMBER CHANGE:

Old Home _____ Old Cell _____ Old Work _____

New Home _____ New Cell _____ New Work _____

EMAIL CHANGE:

Old Email: _____ New Email: _____

AUTHORIZATION

Student Signature: _____ **Date:** _____