Biola University, Office of the Registrar

ADDRESS/NAME CHANGE FORM

❑ Current Student ❑ Previous Student

Name attended as _____
Last First Middle

Biola ID# _____ Social Security # _____

Address Change(s)

Please check all that apply

- ❑ Local
- ❑ Billing
- ❑ Permanent**
- ❑ International***

**Permanent Address must be different from Biola and must in the USA

***Must be outside of USA

New Address _____
Street Address

_____ _____ _____
City State Zip Code

_____ Home Phone(__ __ __) __ __ __ - __ __ __ __
Foreign Country Cell Phone (__ __ __) __ __ __ - __ __ __ __
Work Phone(__ __ __) __ __ __ - __ __ __ __

Name Change – *Name changes only apply to current students*

***Official documentation must accompany request for change of name. Official documentation includes photo copy of birth certificate, social security card, driver's license or passport)*

New Name: _____
Title Last First Middle

Spouse's Name _____

Student Signature _____ **Date** _____