

UNIVERSITY OF ARKANSAS RICH MOUNTAIN
NAME and/or ADDRESS CHANGE FORM

Student I.D.: _____ Date: _____

Name: _____

*Change Name To: _____

**Change Address To: _____

City _____ State _____ Zipcode _____

How long have you lived at new address: _____

Change Phone Number To:

Home: _____ Cell: _____

Other phone number you may want to add: _____

Student Signature: _____

*** Name Change Request must be accompanied by one of the following documents:**

- Driver's license with new name
- Copy of marriage certificate
- Copy of divorce decree
- Copy of adoption decree

**** Address Change Request:**

If state or county changes, address change must be accompanied by a letter from one of the following utility companies verifying student resided at new address for at least 6 months:

- Electric company
- Cable company

Return this form and a copy of the verifying documentation to the Registrar's Assistant.