## **OFFICE OF ACADEMIC RECORDS Change of Address/Personal Information Form**

Name (please print):		
Date:	Soc. Sec. #:	
Please circle one: Current BS Studen	nt Current DC student	Former student/alumnus
ADDRESS CHANGE: Can now be o	done through the Studen	t Portal as well
New Address:		
NAME CHANGE: MUST BE DONE I	IN THE REGISTRAR'S O	FFICE
New Name (Student must submit cop	pies of documents that ver	ify this is a legal change):
Effective Date of Name Change:		
Regarding name changes: The name graduate may be changed in the officience used at matriculation or during the This change can only be made be supportive credible evidence such a changed by a court decree.	cial academic record to show the term of enrollment at Clew ased on completion of this	w a name different than the veland Chiropractic College. s form and submission of
The College considers a passport as students. The name of the student she must register at the College.		
I request that all current academi Chiropractic College reflect the name		
Signature of Student		ate