



NORTHEASTERN
STATE UNIVERSITY

ADDRESS & NAME CHANGE FORM

ACADEMIC YEAR: _____

****STUDENT'S NAME:** _____ **SOCIAL SECURITY NUMBER:** _____
(PLEASE PRINT) (OPTIONAL)

CHECK ONE: STUDENT _____ NSU EMPLOYEE _____ FORMER EMPLOYEE _____

NEW ADDRESS:

CAMPUS: _____
STREET, RURAL ROUTE, RESIDENCE HALL CITY STATE ZIP CODE

HOME: _____
STREET, RURAL ROUTE, RESIDENCE HALL CITY STATE ZIP CODE

NEW PHONE NUMBER:

CAMPUS: _____ **HOME:** _____

NAME CHANGE:

**** PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD WITH THE CORRECT NAME. ****

(STUDENT'S NAME, CORRECT NAME, & STUDENT SIGNATURE MUST MATCH NAME ON ATTACHED SOCIAL SECURITY CARD)

(PLEASE PRINT)

INCORRECT NAME: _____
LAST FIRST MIDDLE INITIAL

****CORRECT NAME:** _____
LAST FIRST MIDDLE INITIAL

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

****STUDENT'S SIGNATURE:** _____ **DATE:** _____

***** COMPLETE A CHANGE OF ADDRESS, IF YOUR ADDRESS HAS CHANGED SINCE YOUR LAST REGISTRATION. *****

Office Use Only

DATE OF CHANGE _____

PHONE REQUEST _____

INITIAL OF PERSON CHANGING INFO. _____

STUDENTS BIRTHDATE: _____