VIRGINIA STATE UNIVERSITY
Office of the Registrar
P. O. Box 9217
Petersburg VA 23806

ADDRESS, NAME, OR SOCIAL SECURITY NO. CHANGE FORM

Last Name **First Name** **MI** **STUDENT ID NUMBER**

Please change the University records to show my new:

_____ Name
_____ Social Security Number
_____ Permanent Address
_____ Local Address

Signature **Date**

NAME/SSNO CHANGE:

New Name: _____
Last Name **First Name** **MI**

New Social Security Number: _____

NOTE: **A copy of the court order legalizing the name change or legal document with correct SSN should accompany this form.**

CHANGE IN PERMANENT ADDRESS:

FORMER ADDRESS:	**NEW ADDRESS:**
Street Address	**Street Address**
City **State** **Zip**	**City** **State** **Zip**
(AC) Telephone Number	**(AC) Telephone Number**

CHANGE IN LOCAL ADDRESS:

FORMER ADDRESS:	**NEW ADDRESS:**
Street Address	**Street Address**
City **State** **Zip**	**City** **State** **Zip**
(AC) Telephone Number	**(AC) Telephone Number**

NOTE: An address change **DOES NOT** affect residency status. Applications for Virginia residency status are available from the Student Affairs Office.

NOTE: We **will not** change an address for refund purposes.

Completed by: **Date Completed:**