

CHANGE REQUEST FORM

Student Name: _____
Last First M. Alpha Code Grade

ADDRESS CHANGE *MUST PRESENT PROOF OF CHANGE OF ADDRESS*

Provide **TWO** of the following:

- Electric bill, water bill **OR** non-cellular telephone bill in the name of the parent or guardian
- Mortgage contract **OR** Deed with **Homestead Exemption** in the name of the parent or guardian
- Lease contract with **Paid Receipt** in the name of the parent or guardian
- Drivers License with new address for the parent or guardian

Former Address:

Street Address _____ Apt # _____
City _____ State _____ Zip Code _____

New Address:

Street Address _____ Apt # _____
City _____ State _____ Zip Code _____

Mailing Address:

Street Address _____ Apt # _____
City _____ State _____ Zip Code _____

TELEPHONE NUMBER CHANGE

Primary _____ Additional Primary _____
Residence _____ Emergency Name _____
Cell _____ Emergency # _____

NAME CHANGE *Provide legal documentation of name change*

Former Name : _____

New Name: _____

*** SIGNATURE OF PARENT/GUARDIAN** *All changes require a signature*

Signature _____ Date _____

For official use only _____ Date entered _____ Initials _____

Bus Pass: _____ Date completed _____ Initials _____