



Student Information Change Form

Holy Names University · 3500 Mountain Blvd., Oakland, Ca 94619

Student Name _____
Last First

Student I.D. _____

INFORMATION TO BE CHANGED:

NAME CHANGE:

From: _____

To: _____

** You will need to provide a copy of an official document, be it a marriage license or divorce decree, stating legal name change.

ADDRESS (Check all that apply):

Local Permanent Billing Grade

Street

City State Zip Code

ADDRESS (Check all that apply):

Local Permanent Billing Grade

Street

City State Zip Code

TELEPHONE:

HOME: _____

WORK: _____

PLEASE MAKE THE FOLLOWING CHANGES TO MY RECORDS.

Signature

Date