



# SNEAD STATE COMMUNITY COLLEGE

Office of Admissions & Records  
PO Box 734, Boaz, AL 35957  
Phone 256.593.5120 • Fax 256.593.7180



## Request for Change of Name and/or Address

Name: \_\_\_\_\_ S Number: \_\_\_\_\_

**NAME AND ADDRESS AS IT APPEARS ON PREVIOUS ACADEMIC RECORDS:**

Last name	First name	Middle name	Maiden name (if relevant)
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Old address: \_\_\_\_\_  
 \_\_\_\_\_

**CHANGE NAME AND ADDRESS TO:**

Last name	First name	Middle name	Maiden name (if relevant)
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**\*All name changes must be accompanied by supporting documentation (i.e. marriage license, court order, divorce decree, driver's license).**

New address: \_\_\_\_\_  
 \_\_\_\_\_

Phone number: \_\_\_\_\_ County of residence: \_\_\_\_\_

**NOTE: A request for change of name and address updates a record only; the request does not remove any name under which a student was previously enrolled. Such removal can be effected only through legal procedures.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_