



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: _____ A Number: _____

NAME AND ADDRESS AS IT APPEARS ON PREVIOUS ACADEMIC RECORDS:

_____	_____	_____	_____
Last name	First name	Middle name	Maiden name (if relevant)

Old address: _____

CHANGE NAME AND ADDRESS TO:

_____	_____	_____	_____
Last name	First name	Middle name	Maiden name (if relevant)

***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: _____