

Student Name/Address Change Form

Student workers/employees nee Student ID#:	d to make changes with	the student p	ayroll office
Student 1D#. Student Status: Undergra Name: (as it currently appears		aduate	Post Baccalaureate
Only comp	olete the information b	elow that you	u want to change
1. Name Change: (You mu	st attach proof of name	change: Mar	riage License or Court Order)
			Attach Image Here:
· · · · · · · · · · · · · · · · · · ·	ould like it to appear on you		
		of Permanent	address change: Drivers License or
Permanent Address:	Utility Bill)	4	Attach Image Here:
City:	State:	Zip:	County:
New Home Telephone	Number:		
Local Address: (Address	ss while attending Kutzt	own Universi	ity)
	ger have a local address		•
Local Address:			
City:	State:	Zip:	County:
New Local Telephone N			
3. FERPA: I elect for the	University <u>not to disclo</u>	ose my:	
Permanent Address Permanent Telephone Major/Minor	☐ Local/Campus Addr ☐ Local/Campus telepl		☐ Place & Date of Birth ☐ KU E-mail Address
Student's Signature:	Date:		

You will receive an email confirmation once the document has been received and approved by the Registrar's Office.

Attn.: Registrar's Office, P.O. Box 730, Kutztown, PA 19530 Phone: (610) 683-4485 Fax: (610) 683-1586 Email: regoffice@kutztown.edu