



PLEASE PRINT
Use ballpoint pen or typewriter

Name and/or Address Change Form

Office of the Registrar, East Carolina University, Greenville, North Carolina 27858-4353

DATE:

Month/Day/Year

Change of Name ECU ID Number: TELEPHONE NUMBER
Change of Permanent Address B
Change of Local Address

PREVIOUS NAME: Mr. Mrs. Miss Ms.

First Middle Other Last

CURRENT NAME: Mr. Mrs. Miss Ms.

First Middle Other Last

NEW ADDRESS:

P O Box/RFD/Street Name and Number City State Zip

HAVE YOU APPLIED FOR GRADUATION? YES NO (skip to signature)

If you need to change the way your name appears on your diploma or the address it should be mailed to, see the appropriate graduation certification area:

I CERTIFY THAT THE ABOVE IS MY LEGAL NAME ACCORDING TO APPLICABLE LAW.

Student Signature