Name and/or Address Change Form
Office of the Registrar, East Carolina University, Greenville, North Carolina 27858-4353

PLEASE PRINT
Use ballpoint pen or typewriter

DATE:
______________________________
Month/Day/Year

___Change of Name
___Change of Permanent Address
___Change of Local Address

ECU ID Number: B

TELEPHONE NUMBER
(_______) ___________-_________

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 __________________________________________

REG-001482(Rev.06/04)