

SOUTH TEXAS COLLEGE OF LAW
OFFICE OF THE REGISTRAR

CHANGE OF NAME AND ADDRESS FORM

Please check one: New Student____ Re-Enrollee____ Graduate____

Student ID # _____ Has your name changed? Yes____ No ____

Name _____ If yes, new name _____
(Supporting documentation must accompany this form)

Update Current Address _____

Update Permanent Address _____

Street Address _____

Street Address _____

City _____ State ____ ZIP_____

City _____ State ____ ZIP_____

Telephone (____)_____

Telephone (____)_____

Notify Financial Aid? Yes____ No ____

Submit this information to update the student directory? Yes ____ No ____

Signature _____

Date_____