

**EAST ARKANSAS COMMUNITY COLLEGE  
ADDRESS AND NAME CHANGE FORM**

Name:	Student ID Number:
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**NAME CHANGE**

*(To have a name changed, a copy of a legal document must be submitted with this form.)*

Change name from (Current name used on record):
Change name to (New name):

**ADDRESS CHANGE**

	OLD ADDRESS	NEW ADDRESS
Street		
City , State, Zip		
Telephone		

Is this a change in county residence?    Yes    No      Is this a change in state residence?    Yes    No

(Note: If yes, documentation must be submitted before registration to receive in-county or in-state tuition rates. Approval must be made by the Registrar before any residency change may be made. Students must have lived in-county or in-state for a period of six months BEFORE a semester in order to receive the appropriate tuition rates.)

<b>For Office Use Only:</b>	
<b>REGISTRAR'S OFFICE:</b> _____	<b>DATE:</b> _____
<b>CHANGED:</b> _____	<b>SEMESTER CHANGED:</b> _____