



Student Name/Address Change Form

Please note: Change of address may affect billing status.

Student workers/employees need to make changes with the student payroll office.

ID#: _____

Student Status: Undergraduate Program

Graduate Program

Name (as it currently appears on records):

Signature: _____

Date: _____

Handwritten Signature Only

Please check the boxes below for any information that you would like to update.

Name Change: (You must provide proof of name change - marriage license or court order.)

Print your name as you would like it to appear on your permanent records.

Permanent Address: (You must attach proof – driver’s license or utility bill in your name.)

City/State: _____ Zip: _____ County: _____

FERPA: I elect for the University **not to disclose** my personal information.

Do not disclose (This exclusion would include Dean’s List and other publications.)

Emergency Contact: (This information will only be used in an emergency.)

Contact’s Name: _____

Relationship to Student (Parent, Guardian, Spouse, Other): _____

Daytime Phone #: _____ Cell Phone #: _____

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

Registrar’s Approval: _____

Date: _____