



UNDERGRADUATE
GRADUATE
PROFESSIONAL

Return completed form to
Records & Registration Office
Fax: 828-669-2141
Email: registrar@montreat.edu

Student Information Change Form

Name _____ PCID _____

Name Change: Important: Please provide a copy of your new Social Security Card. You must attach a copy of the legal document associated with the name change and you must give your full legal name.

Changed from _____ (last) _____ (first) _____ (middle)

Changed to _____ (last) _____ (first) _____ (middle)

Reason for the change _____

Change of Address:

New Address: _____ (Street Address)

_____ (City) _____ (State) _____ (Zip) _____ (County- NC only)

Change of Telephone #:

New Home Telephone #: _____ (area code) _____ (number)

New Work Telephone #: _____ (area code) _____ (number) _____ (extension)

Cell Phone #: _____ (area code) _____ (number)

Change of Employer:

New Employer: _____

Change of Email Address:

New Personal Email Address _____

Student Signature: _____ Date: _____