



ADDRESS AND/OR NAME CHANGE*

Last Name

First

M.I.

University Identification Number (UIN)

PLEASE CHANGE MY ADDRESS(ES) - COMPLETE IF APPLICABLE, SIGN BELOW

Permanent mailing address cannot be updated to a campus housing address

NEW MAILING ADDRESS:

Street

Check if graduating this term

City State Zip code

()

Telephone Number

*Diploma Address

(If different from mailing address)

NEW EMERGENCY CONTACT:

Name of Person to Contact in Case of Emergency - Relationship

Same as above

Street

City State Zip Code

()

Telephone Number

PLEASE CHANGE MY NAME AS FOLLOWS: COMPLETE IF APPLICABLE, SIGN BELOW

FROM: _____

Legal Name Last First Middle Initial

TO: _____

Legal Name Last First Middle Initial

Reason for Change (check appropriate box(es):

Marriage – (attach copy of marriage documentation/driver license/social security card)

Legal Name Change - (Attach copy of court order/ driver license/social security card)

Divorce – (Attach copy of divorce decree/ driver license/social security card) Other, Explain _____

NOTE: The documents indicated above must be attached to process request.

Student's Signature is required to process this request(s)

Student's Signature _____ Date _____

*Note: If you are employed by FGCU, Please make sure to contact Human Resources with Address/Name Changes

Form may be mailed or faxed with valid photo ID to:

Office of the Registrar
10501 FGCU Blvd. S.
Fort Myers, FL. 33965-6565
(239) 590-7980/Toll Free (888) 373-2040/Fax (239) 590-7983
Rev. 03/2008

For Official Use Only:

Entered into Banner - Initial and Date