



REQUEST FOR CHANGE OF NAME/ADDRESS ON RECORD

Student Name: _____ ID: _____

Email: _____ Phone: _____

Currently Enrolled: Yes: _____ No: _____

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- Fill in the information that is being changed. Submit the completed form to the Registrar's Office.
 - All changes must be submitted with a legal document, such as a driver's license, birth certificate, court order, etc.

BIOGRAPHICAL CHANGES

Current Name on Record:

Last: _____ First: _____ Middle Initial
or Name: _____

New/Corrected Name on Record:

Last: _____ First: _____ Middle Initial
or Name: _____

Please select: Mr. _____ Mrs. _____ Ms _____ Miss _____ Dr. _____ Other _____

ADDRESS CHANGE

Please Note: This form allows changes to your permanent and mailing addresses. If you are a current student, we encourage you to also change your billing address through your **CabriniOne** account.

New Address:

Street: _____ Apt/Flr: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my [Cabrini University email account](#).

Student Name: _____ Date: _____