



ADDRESS/NAME CHANGE REQUEST

Registrar's Office

Please complete all three (3) addresses so that we can update your record.

Student ID#: Z _____ Date: _____

Name: _____ ORU Email: _____

LOCAL ADDRESS

Address: _____

City _____ State _____ Zip _____

Country: _____ Phone: _____

NEXT OF KIN

Name: _____ Relation: _____

Address: _____

City _____ State _____ Zip _____

Country: _____ Phone: _____

PERMANENT ADDRESS

Address: _____

City _____ State _____ Zip _____

Country: _____ Phone: _____

Marital Status: Married c Divorced c Single c Widowed

Maiden/Former Name: _____
(Please print your name as it appears on our records now)

Name Change*: _____
(Please print IN FULL your new name)

*NOTE: LEGAL DOCUMENTATION IS NEEDED FOR A NAME CHANGE
Photocopy of marriage certificate is acceptable.

I hereby authorize the ORU Registrar's Office to make the above noted changes to my records.

Signature _____ Date _____

FOR OFFICE USE ONLY: Recorded by: _____ Date: _____