Spokane Falls Community College
NAME AND MAILING ADDRESS CHANGE FORM

Print name
Last First Middle Initial

NAME CHANGE (signature required)
Legal documentation required, see list of acceptable documents on reverse side.

Previous name
Last First Middle Initial

New name
Last First Middle Initial

Student’s signature Date

E-mail address

MAILING ADDRESS CHANGE (signature required)

New address

City State ZIP

Phone

Student’s signature Date

E-mail address

* For student identification number corrections, please contact the Registration Office.
Please initial on the line after each process is completed:

RECEIVED:  ☐ Legal Documentation
☐ Social Security Card
☐ Form of Identification: Driver’s License or Valid Photo ID or US Passport

☐ Updated in ctcLink

Date / Initial

☐ Information provided to Financial Aid - Name change only

After all changes are made, this card and documentation is to be scanned into the student’s record.