

**Spokane Falls Community College  
NAME AND MAILING ADDRESS  
CHANGE FORM**

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Student identification number\*

**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.

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**FOR OFFICE USE ONLY**

**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 ctctLink**

\_\_\_\_\_ 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.

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