

## Change of Name/Address

Current *Legal* Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### COMPLETE ALL THAT APPLIES:

**Name Change**

- Requires a copy of the legal document for change (i.e. marriage certificate or court order)

Previous Name \_\_\_\_\_  
First Middle Last

Current Marital Status:  Single  Married

**Address/Phone Number Change**

New Address \_\_\_\_\_

City State Zip Code County

Phone Numbers Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to the Records Office  
710 Colegate Drive, Marietta, Ohio 45750  
Fax: 740-568-1965  
Email: [recordsoffice@wscc.edu](mailto:recordsoffice@wscc.edu)

Office Use:  Updated in Colleague by \_\_\_\_\_ Date \_\_\_\_\_