WP
WARNER
PACIFIC
UNIVERSITY

Change of Name/Address Form

Name _____   ID # _____

New Name _____

A copy of the legal document showing the name change is required

OLD Address _____   Phone # _____

_____

NEW Address _____   Phone # _____

_____

Signature _____   Date _____

Date Entered _____ By _____   □ Email sent to IT for name change