

Address/Name Change

Student ID #: _____ Program of Study: _____

Name at the beginning of the academic year:

Last Name: _____ First Name: _____ M.I.: _____

Change name to:

Last Name: _____ First Name: _____ M.I.: _____

Name change documentation: Marriage License Court Document

Provide original and a copy will be attached to this form.

**Once your name is changed in our computer system, your computer/portal login
and your WCCC email address will change.**

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____

Personal email address: _____

Not your WCCC email address.

Please submit completed form with documentation to Donna Geel, Assistant to the Academic Dean.

Student Signature: _____ Date: _____

For Office Use Only

Documentation attached

Processed: _____

Initials

Date