



**Change of Name and Address**

STUDENT INFORMATION											
Student Name		Student ID Number									
		G	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								
E-mail Address	Telephone Number	Other names used while attending STCL:									
<p><b>Has your name changed?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No            (official or certified marriage certificate, divorce decree or order granting adult name change must be attached)</p> <p><b>Please check one:</b>   <input type="checkbox"/> Current Student   <input type="checkbox"/> Alumni</p> <p>New name: _____</p>											
<p><b>Has your address changed?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If so, please list below.</p> <p><input type="checkbox"/> Current Address (CA)   <input type="checkbox"/> Permanent Address (PR)   <input type="checkbox"/> Diploma Address*  <small>*Only if graduation application has been submitted</small></p> <p>Street Address _____</p> <p>City _____ State _____ ZIP _____</p>											
<p><b>Has your telephone number changed?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> Current Home (CA)   <input type="checkbox"/> Permanent (PR)   <input type="checkbox"/> Mobile (MOB)</p> <p>Telephone Number _____</p>											
<p>Signature _____ Date _____</p>											

**Please submit completed form to:**  
 South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office  
 Fax: (713) 646-2939   Email: registrar@stcl.edu

**For Office Use Only**

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

cc: Financial Aid (all name change documentation)