

# NAME/ADDRESS/PHONE/EMAIL CHANGE REQUEST

**ACOM - Office of the Registrar**  
**445 Health Sciences Blvd., Dothan, AL 36303**  
**Phone: 334-699-2266 • Fax: 334-944-4002**



**PART I – Personal Information**       **Prospective Student**       **Current Student**       **Former Student**

<b>Name</b>	<b>Social Security or Student ID Number</b>
<b>Program &amp; Class Level (i.e. OMS I)</b>	<b>New Personal Email Address (if any)</b>

**PART II - Please complete this section if your MAILING address has changed**

<b>Mailing Address</b>	<b>State</b>
<b>City</b>	<b>Zip Code</b>
<b>Telephone Number (include type and area code; i.e., Cell: 555-555-5555)</b>	<b>Alternate Telephone Number</b>

**PART III - Please complete this section if your PHYSICAL address is different from your mailing address**

<b>Physical Address</b>	<b>State</b>
<b>City</b>	<b>Zip Code</b>
<b>Contact Telephone Number (include type and area code; i.e., Cell: 555-555-5555)</b>	<b>Alternate Telephone Number</b>

**PART IV - Complete this section if your name has changed (additional documentation will be required – i.e. marriage certificate, court order, passport, driver’s license, social security card – expired documents are considered invalid)**

<b>Former Name</b>
<b>Current Name</b>

**STUDENT SIGNATURE:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_