



CHANGE OF ADDRESS AND/OR NAME

Name: \_\_\_\_\_ SSN or Banner ID: \_\_\_\_\_  
Last, First, MI

Former Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street, City, State, ZIP

Is this also your parents' new address?  
Y / N (circle)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Local Address  
(if different from above): \_\_\_\_\_

Street, City, State, ZIP

Phone: \_\_\_\_\_

Billing Information  
(if different from above): \_\_\_\_\_

Name

Street, City, State, ZIP

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Please sign and fax or mail this form to:  
John Carroll University • Registrar's Office • 20700 North Park Blvd. • University Hts., OH 44118 • Fax: (216) 397-3049