# STUDENT CHANGE OF NAME/ADDRESS FORM

Enrollment Services-York County Community College
112 College Drive Wells, ME 04090 ● www.yccc.edu ● (207) 216-4402 and (207) 216-4492 ●
Fax: (207) 641-0837

Please complete this form in its entirety and return to the Enrollment Services Department.

Please Print.

_____

Last Name First Name Student ID # or SSN

**Change of Name**: (legal documentation required to make change: divorce document, marriage certificate, or adoption papers)

Please check the reason(s) for change below:

☐ Divorce ☐ Marriage ☐ Adoption ☐ Other _____

**From**:_____
*Last* *First*

**To**:_____
*Last* *First*

## Change of Address:

**To**:_____
*Street*

_____
*City/Town* *State* *Zip Code*

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## Change of Phone Number: ☐ **Home** ☐ **Cell/mobile**

**To**:_____

**Student Signature**:_____**Date**:_____

**For Office use only:**

☐ Changed file in FERPA ☐ Updated in EX ☐ Updated in Financial Aid
☐ Changed YCCC email if name change ☐ E-mail name change to IT

Entered by:_____ Date Entered:____/____/____