



ADDRESS / NAME CHANGE REQUEST FORM

This form serves as formal request to change your permanent/ mailing address and/or legal name on file at Coastal Alabama Community College.

Please return your signed, completed form via email to the Registrar's Office at Registrar@CoastalAlabama.edu.

For name changes, official documentation MUST accompany this request (driver's license, passport, official government ID, marriage certificate, etc.).

Student Name:
Student ID#:

Please change my address to:

Street Address

City

State

Zip

Please update my phone number to: (_____) _____ - _____

Please change my name to: _____

Official documentation MUST accompany this request (driver's license, passport, official government ID, marriage certificate, etc.).

Student's Signature

Date