

# MCDOWELL TECHNICAL COMMUNITY COLLEGE

---

---

## Name and/or Address change form

**COMPLETE and SUBMIT TO PRESIDENT'S OFFICE.**

DATE: \_\_\_\_\_

Current Name: \_\_\_\_\_  
Last First Middle/Maiden

Former Name: \_\_\_\_\_  
Last First Middle/Maiden

New Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

**If name change: Copy of social security card required with form.**