



# Change of Address and/or Name

Registrar's Office ✧ Keuka College ✧ Keuka Park, NY 14478  
Phone: 315-279-5204 ✧ Fax: 315-279-5294

## ADDRESS CHANGE

Student's Name:		SS# or Student ID#:
Parent/Guardian Name (if applicable):		
Please indicate type of change: <input type="checkbox"/> Student Permanent Address <input type="checkbox"/> Student During School Year Only <input type="checkbox"/> Parent/Guardian Address	New Address: _____	
Effective Date:	New Telephone Number:	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## NAME CHANGE:

You are required to provide a copy of legal documentation.

Current Student Name on Record:	SS# or Student ID#:
New Name:	Effective Date:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date