CHANGE OF STUDENT DEMOGRAPHIC INFORMATION FORM

Meredith College
3800 Hillsborough Street
Raleigh, NC 27607-2878
FAX 919-760-2878

___ Check here if you work on campus

Your classification (circle all that apply) **Student** **Faculty/Staff** **Alumna/alumnus**

Change the following address types as noted below. Please circle all that apply.

HMM Home Mailing Street, Route or PO Box. Where you wish to have official correspondence sent such as your account information

HMR Permanent Residence Street or Route. Do not give a PO Box. Street address is required.

CMM School Term Street or Route. If a PO Box, also list street address. Where you reside while attending Meredith and where you can be reached in an emergency. During the academic term you will also receive correspondence from Meredith College at this address.

_____ _____ _____
Last Name First Name Middle Name

Student Identification Number _____

New Address:

_____ Telephone _ _ _/_ _ _-_ _ _ _
Street

_____
City State County Zip

Name Change:

Name: From_____ To_____

1. If you are an employee of Meredith College, including student employees, you must go to the office of Human Resources to change your name.
2. You must present legal documentation to change your name. A driver's license, social security card, marriage certificate, divorce decree or court order will be accepted.

Other Changes:

New Emergency Contact: Name_____ Day Phone_ _ _/_ _ _-_ _ _ _

Signed _____ Dated: _____

Revised 10/2008