

**CLEVELAND
CHIROPRACTIC
COLLEGE**

Kansas City

**OFFICE OF ACADEMIC RECORDS
Change of Address/Personal Information Form**

Name (please print): _____

Date: _____ Soc. Sec. #: _____

Please circle one: **Current BS Student** **Current DC student** **Former student/alumnus**

ADDRESS CHANGE: Can now be done through the Student Portal as well

New Address:

NAME CHANGE: MUST BE DONE IN THE REGISTRAR'S OFFICE

New Name (Student must submit copies of documents that verify this is a legal change):

Effective Date of Name Change: _____

Regarding name changes: The name of any currently enrolled student, former student, or graduate may be changed in the official academic record to show a name different than the one used at matriculation or during the term of enrollment at Cleveland Chiropractic College. This change can only be made based on completion of this form and submission of supportive credible evidence such as a certified copy of a marriage certificate or name changed by a court decree.

The College considers a passport as the only official document in dealing with international students. The name of the student as printed in the passport will represent the way he or she must register at the College.

I request that all current academic, financial, and personal records at Cleveland Chiropractic College reflect the name and/or address changes indicated above.

Signature of Student

Date