



CHANGE OF NAME OR ADDRESS FORM

Campus (Circle one): Crownpoint, NM Chinle, AZ Teec Nos Pos, AZ

Student's Name

NTC ID #

Date

Former *Name or Address:

CHANGE TO:

Justification for change:

* NOTE: Please attach a copy of court document, marriage license, or other document for any name changes.

Change entry completed on database on _____ by _____
Date Initials

Xc: Student file