



# Student Change of Information

- Please print. Once completed, please return this form to the Re-Enrollment Office.

DATE: \_\_\_\_\_ ID# \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

CURRENT ADDRESS: (only needed if changing) \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Type of Change

- Permanent Address Change     
  Billing Address Change     
  Campus Address Change     
  Phone Only  
 Email Change Only     
  Official Name Change

NEW ADDRESS: \_\_\_\_\_

NEW TELEPHONE NO: \_\_\_\_\_  Home  Cell

**Official Name Changes require Notarized copies of Marriage License, Divorce Decree, or other court documents.**  
 Mail notarized copies to: Centenary College, Office of Re-Enrollment, 2911 Centenary Blvd, Shreveport, LA 71104

Fill in below **ONLY** for Official Name Change

Your name as it is currently listed on your Centenary Record s		Your name as it should appear & as supported by your documents	
Prefix	_____	Prefix	_____
First name	_____	First name	_____
Middle	_____	Middle	_____
And/or	_____	Last name	_____
Maiden	_____	Suffix	_____
Last name	_____		
Suffix	_____		
Your Centenary ID#	_____	Daytime phone No.	_____
Email address	_____		

**Check all relationship categories that apply:**

- Current student     
  Alumni / Former student  
 Last Term Attended \_\_\_\_\_

**Reason for Name Change (if marital status change, please indicate new status)** \_\_\_\_\_

**All currently enrolled students** You must notify your instructors of your name change.

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. It is not my intent to defraud Centenary College of Louisiana.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Type of Document Proof Provided: \_\_\_\_\_ Date: \_\_\_\_\_ by \_\_\_\_\_