



ZION CHRISTIAN
UNIVERSITY

CHANGE OF ADDRESS OR NAME FORM

Address Change

Student ID _____ Student Name _____

New Address _____

City | State | Zip _____

New Home Phone _____ Work _____

Email _____

Name Change

This form must be accompanied by a copy of legal documentation (e.g. marriage license, Social Security Card, etc)

Prior Name _____

Name Changed to _____

Please explain the reason for your name change: _____

----- OFFICE USE ONLY -----

Approved Not Approved

Registrar Signature _____ Info Entered _____