

OSCEOLA TECHNICAL COLLEGE
ADDRESS AND/OR NAME CHANGE



STUDENT INFORMATION

Last Name First Name Student ID #/Social Security #

PLEASE CHANGE MY ADDRESS

NEW MAILING ADDRESS:

Street

City State Zip code

()

Telephone Number

NEW EMERGENCY CONTACT:

Name of Person to Contact in Case of Emergency Relationship

Street

City State Zip code

()

Telephone Number

PLEASE CHANGE MY NAME AS FOLLOWS:

In order to process a name change, Technical Education Center Osceola (TECO) requires legal documentation reflecting your new name.

FROM: _____

Legal Name Last First Middle Initial

TO: _____

Legal Name Last First Middle Initial

Reason for Change (Check appropriate box(es):

MARRIAGE- (attach copy of marriage certificate/ driver license/social security card)

Legal Name Change- (attach copy of court order/ driver license/social security card)

DIVORCE- (attach copy of divorce decree/driver license/ social security card)

Note: The documents indicated above must be attached in order to process request.

Student's signature is required to process request

Student's signature: _____

Date _____