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# MTCC STUDENT ADDRESS AND/OR NAME CHANGE

## ADDRESS

NAME: \_\_\_\_\_  
Last First Middle

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

EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

Current Address \_\_\_\_\_  
Street/P.O. City

\_\_\_\_\_ State Zip County

## NAME

(Name change requires official picture ID)

Former Name: \_\_\_\_\_  
Last First Middle

Current Name: \_\_\_\_\_  
Last First Middle

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

EMAIL: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

Current Address \_\_\_\_\_  
Street/P.O. City

\_\_\_\_\_ State Zip County

Signature: \_\_\_\_\_

## Student Records Use Only

Date Information Changed : \_\_\_\_\_

Comments: \_\_\_\_\_ Initial: \_\_\_\_\_