



# CROWN COLLEGE ADDRESS AND/OR NAME CHANGE FORM

8700 College View Dr, St. Bonifacius MN 55375

Fax: 952-446-4329 Email: [registrar@crow.edu](mailto:registrar@crow.edu)

**Complete and return this form to the Registrar's Office to revise your address and/or name in the College computer. PLEASE NOTE: If you have a Campus Mailbox, you must also complete a U.S. Mail forwarding address card at the College Mail Center.**

**NAME CHANGES:** In an effort to maintain the integrity and accuracy of our records and to protect our students, alumni, and constituents, **individuals must present legal documentation** to the Registrar's Office or Advancement Office (for Alumni) which includes but is not limited to one of the following: a copy of a marriage certificate showing the name change, a driver's license, a social security card, or another legal document.

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ EFFECTIVE DATE (if different) \_\_\_\_/\_\_\_\_/\_\_\_\_

CROWN COLLEGE ID# \_\_\_\_ - \_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CURRENT NAME: Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

FORMER NAME(S): Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

MAIDEN NAME (If Applicable): \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ Wedding Date (if app): \_\_\_\_/\_\_\_\_/\_\_\_\_

SPOUSE ID# \_\_\_\_ - \_\_\_\_

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

\_\_\_\_\_  
City State Zip

HOME PHONE (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ ALTERNATE PHONE (Optional) (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

(Please indicate which)  Work  Cell  Other \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

\*\*\*\*\* OFFICE USE \*\*\*\*\*

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Input address change in EX via QAS  
Name Change only: Legal Doc Received  
Name Changed on Student Folder  
In EX: Name updated, Birth Name updated, Tran Name updated, Status updated