Tabor College Name/Address Change Form

Date:	Student ID Number:	
PLEASE PRINT:		
-	ame change is due to any other rea	<u>ason than change in</u>
	u must provide legal documentatio	
(Driv	er's license or social security card is acc	eptable.)
From:		
Last	First	Middle Initial
To		
To:Last	First	Middle Initial
2401		
If name change is due to ma	rriage, please provide your spouse's	name:
If name change is due to div	orce, indicate the effective date, sign	the form, and return.
	-	
EFFECTIVE DATE:		
PLEASE PRINT:		
Change of Address:		
List your name and other far	nily members affected by this change	7 .
New Address		
Street:		
City:		
		For Office Use Only: CX
State: Zi	o Code:	For Name Changes:
		Student File Folder
EFFECTIVE DATE:		Alumni
		For Marital Status:
SIGNATURE		Business Office:

Return to Registrar's Office, Tabor College, Hillsboro, KS 67063 or fax to 620-947-2607, Attn: Registrar