HENDERSON
STATE UNIVERSITY
EXCELLENCE • SPIRIT • TRADITION
Arkadelphia, Arkansas 71999-0001

REQUEST for CHANGE of NAME and/or ADDRESS

Please complete and return to Office of the Registrar, Womack Hall 210.

Official documentation required for name change (social security card, marriage license, court document). Your name will NOT be changed until documentation is received.

*Are you currently enrolled at Henderson?*_____ *Marital Status*_____

Name _____ *ID#* _____ *Birthdate* _____/_____/____

Change College Address To: _____
Street *City* *State* *Zip*

Change Name To: _____

Permanent Address: _____

Phone # _____

What semester should this change be made? _____

HSU Graduate: Yes _____ *No* _____
Bachelor's: Major _____ *Degree* _____ *Yr.* _____
Master's: Major _____ *Degree* _____ *Yr.* _____

_____ ***(SIGNATURE)*** _____ ***(DATE)***