



Address and/or Name Change Form

This form should be printed, completed and mailed or faxed to the Registrar's Office. (Emailed requests cannot be not accepted.) Please note that all **name change** requests MUST be accompanied by an official form of identification. Contact the Registrar's Office with questions: 417-626-1274

Note: Current students should change address on student portal (my.occ.edu)

ID or Last 4 digits of SSN: _____ **Birthdate:** _____

Current Status: Current Student Former Student Employee*

*Employees (including student employees) must update information with Human Resources

Change(s) Requested: Name Change Address Change Both

Current Name:** _____
Last First Middle

Former Name(s): _____

****NOTE:** All name changes must be accompanied by legal documentation, such as a new driver's license, official state ID card, certified copy of marriage license, current passport or court order. (Current students are required to provide a copy of marriage license/court order AND new social security card.)

New permanent mailing address:

Street Address: _____

City, State, ZIP: _____

Telephone: _____ **Email:** _____

I hereby request that the above changes be made to my OCC student record:

Signed: _____ **Date:** _____

Mail form (with required documentation) to:

Or fax (with required documentation) to:

**Ozark Christian College
Attn: Registrar's Office
1111 North Main Street
Joplin, MO 64801**

**Registrar's Office
417-626-1232**

**When copying/faxing documents, please ensure that the copy is legible.
Illegible documents cannot be accepted.**

OFFICE USE ONLY: Date Received _____ Entered By _____