

CHANGE OF NAME OR ADDRESS

NAME: _____ Uwf gpv'KF 0'#: _____

REASON FOR ADDRESS CHANGE: _____

EFFECTIVE DATE: _____

LEGAL RESIDENCE

CHANGE ADDRESS TO: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW PHONE NUMBER: _____ NEW EMAIL: _____

My parent(s), _____, also wish to have their B-W mail sent to above address. YES NO

MAILING ADDRESS (IF DIFFERENT FROM LEGAL)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW PHONE NUMBER: _____ NEW EMAIL: _____

EVENING/WEEKEND STUDENTS ONLY

EMPLOYER: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ BUSINESS EXT: _____

E-MAIL: _____

NAME CHANGE – Proof of name change needed prior to record adjustment. Please forward a copy of an official document with name change.

CHANGE NAME TO: _____

REASON FOR NAME CHANGE: _____

SIGNATURE: _____ DATE: _____

Return form to

Registration and Records
Bonds Administration Bldg
275 Eastland Rd
Berea, OH 44017

OR

Fax: 440-826-6522