

Change of Address / Name Request

Office of the Registrar

Name _____ **Date** _____

Student ID Number _____

Change of Permanent Address

Change of Local Address

Change of Name

New Address

New Phone Number (_____) _____

Cell Phone Number (_____) _____

Student Status Your permanent home is with

Both Parents

Relative

Father

Independent

Mother

Previous Name _____

First

Middle

Other/Maiden

Last

Change To _____

First

Middle

Other/Maiden

Last

Student Signature (required) _____

*If you have any questions,
please call (252) 399-6327 or fax us at (252) 399-6572.*

*Please print and mail to:
Barton College • Office of the Registrar • PO Box 5000 • Wilson, NC 27893-7000*