



# 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*