GORDON STATE COLLEGE
SCHOOL OF NURSING AND HEALTH SCIENCES

NAME / ADDRESS CHANGE FORM

STUDENT ID NUMBER: ____________________________

TODAY’S DATE: ________________________________

EFFECTIVE DATE: ______________________________

CURRENT NAME: _______________________________

CHANGE NAME TO: ______________________________

CHANGE ADDRESS TO: ____________________________

CITY: _______________________________________

STATE: _______________ ZIP: ___________

COUNTY: ___________________________________

HOME PHONE NUMBER: ________________________

CELL PHONE NUMBER: _________________________

STUDENT STATUS (circle one):

ASN Nursing Semester: First, Second, Third, Fourth

ASN Nursing Graduate: Year/Semester _____________

RN-BSN Student

HSIA Student

NHS 110(4/14)