



Tomorrow Starts Here

LACKAWANNA COLLEGE
501 VINE STREET
SCRANTON, PA 18509

Address/Name Change Form

Student Name: _____

Last 4 digits of SS # or Student ID #: _____

Enrollment Status: _____ Currently Enrolled _____ Graduate _____ Former Student

Old Address:

Street/Apt #/PO Box: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: _____

New Address:

Street/Apt #/PO Box: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: _____

Name Change:

Maiden Name: _____

Marriage Name: _____

- **Please Note:** Copy of a legal document verifying the change of name is needed.
Example: A marriage certificate, court order, etc..

Student Signature

Date

Registrar's Office use only

Date Processed: _____ Initials _____

White - Registrar • Yellow - Financial Aid • Pink - Alumni • Gold - Student Services