

CHANGE OF INFORMATION

Faulkner University
Registrar's Office
5345 Atlanta Highway
Montgomery, AL 36109
Fax#: 334-386-7244
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PLEASE PRINT

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To submit a CHANGE OF ADDRESS you only need to complete this form.

To submit a CHANGE OF NAME you need to complete this form and provide an updated Social Security card.

OLD INFORMATION:

Full Name _____ ID and or SSN # _____

Address _____

City _____ State _____ Zip _____

NEW INFORMATION:

Full Name _____ ID and or SSN # _____

Address _____

City _____ State _____ Zip _____

Cell (_____) _____ - _____ Home (_____) _____ - _____ Work (_____) _____ - _____

Signature: _____ Date: _____