Northeastern ILLINOIS UNIVERSITY

NAME AND ADDRESS CHANGE FORM

Please select what information you would like to change: ☐ Name Change ☐ Address Change

Name

_____
Last First Middle NEIU ID Number

New Name (*Complete only if changing your name*)

_____
Last First Middle

If you are changing your name, do you also wish to change your NEIU e-mail address to your new name? ☐ Yes ☐ No

Name Change Note:	***Office Use Only***
<u>*Two documents*</u> reflecting the new name are required with submission of this form. *One of the two documents must be a current State ID or Driver's License.* *The other can be a social security card, court documents, marriage certificate, or current U.S. passport.*	*Verify Other Documents Received (must select one from each document category)*: **First Document:** Current Driver's License ☐ Current State ID ☐ **Second Document:** Court Documents ☐ Marriage Certificate ☐ U.S. Passport ☐ Social Security Card ☐ **Name verification with social security card:** ☐ _____ Staff Initials Date

Address Information (*complete only if changing your address*)

_____
Street Address and Apartment Number

_____
City State Zip Code

_____ _____@neiu.edu
Phone Number NEIU Email Address

Signature:_____ **Date**:_____

Return this completed form via your NEIU email to: registrar@neiu.edu, or in person to Enrollment Services in D-101.