Great Bay Community College
320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308
AskGreatBay@CCSNH.edu

# UPDATE: NAME/ADDRESS/PHONE

**Instructions:** PLEASE PRINT—Complete form and submit documentation to the College Services One Stop.
If you are requesting a change in Residency Status for tuition purposes, you must use the Request for Change of Residency Status Form .
*International students are not eligible.*

Do you have a new Name Change? ❑ YES ❑ NO

**NAME CHANGES MUST be accompanied by a valid state issued ID*
*(Name changes are processed Monday through Thursday)*

ENTER ANY **NEW** NAME/ADDRESS/PHONE INFORMATION YOU MAY HAVE

| **NAME:** | **Student ID#** @ | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **MAILING ADDRESS** | **PHONE NUMBERS** | | | | | | | | |
| Number and Street: | Primary Phone: ❑ Cell ❑ Home ❑ Work | | | | | | | | |
| P.O. Box: | Secondary Phone: ❑ Cell ❑ Home ❑ Work | | | | | | | | |
| City, State, Zip: | Email Address: | | | | | | | | |

***Student Signature***: _____ ***Date***: _____

**OFFICE USE ONLY**

**SPAIDEN** Initials:_____ Date:_____

***(For Name Changes Only)***

**SUAMAIL** Material = S002 Quantity=0 Wait Days=0 Initials:_____ Date:_____

**Transcript Drive** (name change) Initials:_____ Date:_____

**Student Filing** (name change) Initials:_____ Date:_____