

# Student Record Change Form

Records, Registration, & Veteran Services Office  
3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006  
P 248-823-1660 ■ F 248-823-1662 ■ [records@walshcollege.edu](mailto:records@walshcollege.edu)



ID# \_\_\_\_\_ Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Students must provide the Records Office with **proper documentation** verifying a change in name (i.e., marriage license/divorce decree).
- Due to federal regulations, address changes may require verification.

**Change of:** (Please check the appropriate item(s) and **print** information requested.)

**NAME**

**If you have submitted a graduation application and not yet graduated, would you like your diploma ordered in the new name indicated below?**

- Yes
- No
- Not applicable

New name (including prefix) \_\_\_\_\_ Former name \_\_\_\_\_

- Prefix Preference**
- Ms.
  - Mrs.
  - Miss

**NEW ADDRESS**

\_\_\_\_\_

**NEW EMPLOYER**

Company Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Business # \_\_\_\_\_

**NEW PHONE NUMBER(S) WITH AREA CODE**

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

*OFFICE USE ONLY*

Today's Date: \_\_\_\_\_  Verified  Portal (DRUS for name change)

Recorded By: \_\_\_\_\_

