



**CHANGE OF ADDRESS AND NAME FORM  
CURRENTLY ENROLLED STUDENTS**

Please complete the following information and mail to:

Registrar's Office  
Cleveland Institute of Art  
11141 East Blvd.  
Cleveland, OH 44106

Or fax to the Registrar's Office at 216-754-3385.

**PRINT CLEARLY:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date: \_\_\_\_\_

**CHANGE OF PERMANENT ADDRESS:**

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**CHANGE OF LOCAL/CAMPUS ADDRESS** (This is where you live during the school year):

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Email address:** \_\_\_\_\_

**CHANGE OF NAME\*\*:**

Current Name (First, Middle, Last/Maiden): \_\_\_\_\_

New Name (First, Middle, Last): \_\_\_\_\_

\*\* A copy of your social security card or the court order confirming a legal change of name is required with this form for name changes.