

St. George's Antigua
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## **OFFICE OF THE REGISTRAR**

## **CHANGE OF NAME/ADDRESS FORM**

Please submit two completed copies of this form to the Registrar's Office in Room 215

Name presently on record:		
Last name	First name	MI
Change of Name to:*		
Last name	First name	MI
Reason for change (Check one):		
A. 🗌 Marriage B. 🗌 Co	ourt Order C.   Spelling Correction D.	Divorce/Separation
Change Address To:		
Change date of birth:*		
Add/Change E-mail address:		
Student Signature	Da	ite
* Proof seen by:	Date <sup>.</sup>	