

**MOUNT OLIVE COLLEGE
REGISTRAR'S OFFICE
551 Michael Martin Dr.
Mount Olive, North Carolina 28365
(919) 658-7179 FAX**

Change of Address/Name Request

NOTIFICATION OF: Change of Address _____ Change of Name _____

SPECIAL INSTRUCTIONS /COMMENTS:

Please check your Mount Olive College location:

MO____ SJAFB____ NB ____ RTP ____ WASH ____ WILM ____

FORMER

NEW

Name: Last First MI
MI

Name: Last First

Street

Street

City State Zip

City State Zip

(____) _____
Telephone

(____) _____
Telephone

STUDENT SIGNATURE PCID. #

DATE OF REQUEST