

Submit to:

The Office of the Registrar
Augsburg College, CB 71
2211 Riverside Avenue
Minneapolis, MN 55454

(612) 330-1036 - Voice
(612) 330-1425 - Fax

Please print. To help us locate and update your file, complete all items in sections A and B.

Section A: Identification (Use Legal Name)

Full Name: First _____ Middle _____ Last _____

Type of Verification Required for Name Change:

(Attach a copy)

Marriage Certificate

Divorce Decree

Court Order

Previous Name: First _____ Middle _____ Last _____

Student ID Number: _____ **Social Security Number:** _____

Date of Birth: _____ **Email Address:** _____

Section B: Address

The address for which official College information, such as billing statements and financial aid information, will be sent:

Number/Street/Apartment

City/State/Zip

Home Phone **Work Phone**

Parent or Guardian Address of Dependent Student or Permanent Address:

Check box if this is for a second parent/guardian.

Parents and Guardians receive the College magazine (The Now) and other information regarding parent events, please enter their address here:

Name

Street

City/State/Zip

Home Phone

Student Signature

Date

Registrar's Office Use Only:

Received: _____ Processed By: _____ Date: _____