



Enrollment Services
CHANGE OF ADDRESS / CHANGE OF NAME

NAME (as it currently appears in MICA records) _____

NEW NAME (if you are making name/spelling change) _____

*MICA ID: _____ * SOCIAL SECURITY NUMBER: _____

* We must have these numbers for identification purposes. No changes will be made without them.

SIGNATURE: _____ DATE: _____

PERMANENT: This is where you were living when you applied to MICA and should not be changed unless your parents have also moved. It is where we send your bills unless you add a separate billing address.

BILLING: Where we send your bills and financial information if different from your permanent address.

PAYROLL: If you do not want your paychecks to go to your permanent address, this is where we would send them. (Your W-2 will always be sent to your permanent address).

LOCAL: Where we send all of your student mail; your residence during the school year.

NAME: Official legal documentation must accompany this form (i.e. copy of marriage certificate).

I AM CHANGING MY: _____ NAME (attach documentation)

_____ LOCAL ADDRESS

_____ PERMANENT ADDRESS

_____ PAYROLL ADDRESS

_____ BILLING ADDRESS

Please list your OLD address below:

Street/P.O. Box: _____ Apt. # _____

City/State/Zip Code: _____

Phone Number: _____

Please list your NEW address below:

Street/P.O. Box: _____ Apt. # _____

City/State/Zip Code: _____

Phone Number: _____