

Complete and return this form to:

Labouré College  
Attn: Office of the Registrar  
303 Adams Street  
Milton, MA 02186  
Fax: (617)296-7947  
Email: Registrar@laboure.edu

*Fill in the appropriate section(s) only*

\_\_\_\_\_

Date

\_\_\_\_\_

Last 4 digits Social Security #

\_\_\_\_\_

Name on Record

\_\_\_\_\_

ID#

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### Name Change:

*Name Changes require copies of legal documentation of the change (such as a marriage certificate)*

\_\_\_\_\_

Name Change

*Please note that Labouré College email accounts will be updated to reflect name changes.*

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### Address Change:

\_\_\_\_\_

Street Address

\_\_\_\_\_

Apartment #

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

(     )

\_\_\_\_\_

Home Phone

(     )

\_\_\_\_\_

Cell Phone

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### Email:

\_\_\_\_\_

Email

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### Other:

\_\_\_\_\_

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### For Office Use Only:

\_\_\_\_\_

Processed By

\_\_\_\_\_

Date

*(please initial)*

\_\_\_\_\_

Jenzabar

\_\_\_\_\_

PowerFAIDS

\_\_\_\_\_

IT *(for name change only)*