CROWDER COLLEGE

NAME/ADDRESS CHANGE
Change of residency status must be submitted two weeks prior to the term for which the change is requested.

(last)	(first)		(middle name)
New name under which your records should be listed at Crowder College: (Complete this only if you have a name change. Must provide copy of social se	curity card.)		
(last)	(first)		(middle name)
Do you want your Crowder email address changed to your new name?	Yes	No	
Social Security Number:	Student	ID #	
New Address: (street number & name, P.O. Box number, route & box	number)		
(city)		(state)	(zip)
Will this new address be changing your residency status?	☐ No o the Records Depa	artment, as listed below*, befo	ore the residency status
New Telephone Number: ()			
Local high school district in which you now reside:			
*In-District-Paid real estate or personal property tax receipt in the of McDonald County School Districts); or marriage to a Missouri Resid in the college district and presents a current tax receipt; or Military district; or rental agreement or records of monthly receipts and a scone year of residence in Missouri, unless the student is still a deper receipts of real estate or personal property tax payments to the Cro	ent who is/becondischarge in the econd form or vendent of parents	mes a real estate or person state of Missouri while resi rification of district residen	al property taxpayer iding in the college icy to evidence at leas
*Out-of-District-A student (or parents/legal guardians, if he/she is a prior to initial enrollment at Crowder College and provides evidence rental agreement or records of monthly receipts to evidence at least verification of payment to State of Missouri Department of Motor Verivers license and/or registration.	e as follows: Milist one year of res	tary discharge in the state o idence in Missouri, or emp	of Missouri; or loyment transfer, or
Student Signature		Date	
Office Use Only			
Changes entered into the database: Initials Date:	:		