CHANGE OF NAME OR ADDRESS FORM

Campus (Circle one): Crownpoint, l	NM Chinle, AZ	Z Teec Nos Pos, AZ	
Student's Name	NTC ID #	Date	
Former *Name or Address:			
CHANGE TO:			_
Justification for change:			_
* NOTE: Please attach a copy of court on the court of the	document, marriage	license, or other document	for any
Change entry completed on database on	Date by	Initials	
Xc: Student file			
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