



WALLACE STATE HANCEVILLE

*Office of Admissions and Records
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Phone 256.352.8238 • Fax 256.352.8129*

CHANGE OF NAME ADDRESS/PROGRAM FORM

Please Print

PRINT NAME _____

STUDENT # OR SSN # _____ DATE OF BIRTH _____

CHANGE OF NAME

Previous Name(s)

New Name

CHANGE OF ADDRESS/PHONE NUMBER/EMERGENCY CONTACT/EMAIL

Address

City

State

Zip

County

Phone No.

Emergency Contact

Phone No.

Email

CHANGE OF PROGRAM

Primary

Secondary

Semester

Spring

Summer

Fall

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY: Entered By _____ Date Entered _____