

# NAME/ADDRESS CHANGE FORM

Student ID # \_\_\_\_\_

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

FOR:       School Year       Permanent      Parental

Name \_\_\_\_\_

New Name \_\_\_\_\_

New Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(This address will be used as your billing address)

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Please send a copy of my bill to the following Person(s):**

This also allows Grand View to discuss my bill with parent(s) / spouse indicated.

**I understand that this authorization will be in effect until rescinded or changed in writing.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Check here if you do not wish for your address/phone number and other directory information to be available on My GVC. This also means that directory information will not be given out to anyone who contacts our office. Honors will NOT be sent to your hometown newspaper.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_