Office of the Registrar
820 Chestnut Street, B4 Young Hall
Jefferson City, MO 65101

Phone: (573) 681-5011
Fax: (573) 681-5013
registrar@lincolnu.edu

ADDRESS/NAME CHANGE FORM

- Please print clearly. Submit changes of your local/mailing or home/permanent address to the Office of the Registrar. Allow 24 hours for processing.

- Lincoln University employees must contact the Human Resources Office to change your address.

FULL NAME: _____

SSN or STUDENT ID #: _____

Name Change (change of name requires a copy of an official document, ex: marriage license, divorce papers, court documents, etc.)

From: _____

To: _____

New Local/Mailing Address

Street Name/Apt #: _____

City/State/Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

New Home/Permanent Address

Street Name/Apt #: _____

City/State/Zip: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

_____ _____

STUDENT SIGNATURE (REQUIRED) **DATE**