



**BELMONT**  
COLLEGE

**CHANGE OF STUDENT DATA**

*~ Please Print ~*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Data to be Changed	New	Old
Name		
Address – Line 1		
Address – Line 2		
City, State, Zip Code		
County		
Telephone Number		
Cell Phone Number		
E-mail		

Marital Status:             Single             Married

Guardian/Spouse: \_\_\_\_\_

Other: \_\_\_\_\_

**Note: All students providing a change of address must complete the following items:**

I have lived at the new address since: \_\_\_\_\_  
(Month/Year)

I have been a resident of Ohio; or of the following counties of West Virginia (Hancock, Brooke, Ohio, Marshall, or Wetzel) for all of the last 12 months.

Yes             No

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date