



CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER -

Please submit this form and supporting documentation by:

Mail: - Chaminade University of Honolulu
Attn: Records Office
3140 Waiialae Ave., Honolulu, HI 96816

Email: records@chaminade.edu

Fax: - (808) 735-4777 (must be legible and clear)

Or Call if you have questions: (808) 735-4722

- **If you are updating your name**, please provide a legible photocopy of legal documentation, such as a Driver's License, State ID, Marriage Certificate, or Court Order (First and last pages only).
- **If this is a temporary address change**, please remember you are required to submit a new form each time you update your address.
- **If you are a soon-to-be graduate**, please ensure you have updated your mailing address on your Petition by contacting someone in the Records department. Filling out this form does NOT mean your diploma mailing address will be updated.

Signature: _____ **Date:** _____

Chaminade ID #: _____ **or** SSN (last 4 digits): _____

Current Legal Name: _____
Last First Middle Names

Prior Name: _____
Last First Middle Names

Cell Phone: _____ Home Phone: _____ Work Phone: _____

New Mailing Address: _____

Effective Start Date: _____

New Residence Address: _____

Check if same as above.

Effective Start Date: _____