



DEMOGRAPHIC CHANGE FORM

Name : _____

Previous Name (if applicable): _____

Student ID#: _____

Old Address _____ City _____ State _____ ZIP _____

New Address _____ City _____ State _____ ZIP _____

New Home Phone

New Work Phone

New Email Address

New Cell Phone

Student Signature

Date

Please complete form and submit to:

Watkins College of Art, Design & Film
Office of the Registrar
2298 Rosa L Parks Blvd
Nashville, TN 37228

FOR OFFICE USE ONLY:

Registrar _____ Business Office _____ Financial Aid Office _____ Library _____