



OFFICE OF THE REGISTRAR
 2020 East Maple St.
 North Canton, Ohio 44720-3336
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 www.walsh.edu

FOR OFFICE USE ONLY	
Date Received:	
Processed By:	

CHANGE OF INFORMATION FORM

THE FOLLOWING SECTION MUST BE COMPLETED BEFORE ANY CHANGES WILL BE MADE.

STUDENT SIGNATURE: _____ DATE _____

Senior
 New Student
 Current Student
 Alumnus
 Are you graduating this term?
 YES
 NO
If yes, your diploma will be mailed to the new address provided below

OLD INFORMATION

Social Security Number	
Last Name	
Surname Suffix (e.g. Jr., III, ect.)	
First Name	
Middle Name	
Street	
City	
State/Zip	
Province/Country	
Telephone Number	

NEW INFORMATION

Social Security Number	
Last Name (Legal documentation required)	
Surname Suffix (e.g. Jr., III, ect.)	
First Name	
Middle Name	
Street	
City	
State/Zip	
Province/Country	
Telephone Number	

May change address on the Cavalier Center at www.walsh.edu
 You must also change your address on the Student Account Center
 by logging on to walshafford.com