



Oregon State University
Student Health Services

**Address/Name
Change Form**

Plageman Building Rm 110, 108 SW Memorial Pl, Corvallis, OR 97331-8567
Tel 541-737-7568 | Fax 541-737-7914 | osustudent.insurance@oregonstate.edu
<http://studenthealth.oregonstate.edu/>

Name: _____ OSU ID: _____ Date of Birth: ____/____/____

NAME CHANGE

Previous First Name:

New First Name:

Previous Last Name:

New Last Name:

ADDRESS CHANGE

Previous Mailing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

New Mailing Address:

Street: _____

City: _____

State: _____ Zip Code: _____

Effective Date of change: ____/____/____

Signature

____/____/____
Date