

# THE SOMA INSTITUTE

THE NATIONAL SCHOOL OF CLINICAL MASSAGE THERAPY

## Change of Address / Name Form

Please complete this form and return it to Student Services. Please print clearly.  
(Note: Post Office Box Addresses cannot be accepted.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
New Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
New Telephone Number: (Home)

\_\_\_\_\_  
(Work)

\_\_\_\_\_  
New E-Mail Address

\_\_\_\_\_  
New Name (if applicable) Please attach copy of proof of name change (e.g. marriage certificate, Social Security card)

Effective Date of Change(s): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

### For Office Use Only

Copy sent to Head Office

\_\_\_\_\_  
(Date)

Initials: \_\_\_\_\_

Information entered into GradPro:  
& Copy to Student File

\_\_\_\_\_  
(Date)

Initials: \_\_\_\_\_