



LEGAL SERVICES CORPORATION

HERBERT S. GARTEN LOAN REPAYMENT ASSISTANCE PROGRAM
CHANGE OF MAILING ADDRESS / CHANGE OF NAME FORM

Use this section for change of Mailing Address:

Printed Name: _____

Old Mailing Address: _____
(One provided on original Application or Promissory Note)

New Mailing Address: _____
(One to which future payments will be mailed)

Use this section for Change of Name: (Please use this only for legal name changes!)

Printed Name: _____
(One provided on original Application or Promissory Note)

Name Change: _____
(One all future communications will be address to)

Please complete both above sections if you are changing both your name and mailing address.

Social Security Number: _____

Telephone Number: (_____) _____

Signature: _____ Date: _____