

OFFICE USE ONLY:

Verified & processed by: _____

Date _____



Admissions & Records
STUDENT INFORMATION CHANGE FORM

CURRENT INFORMATION

INSTRUCTIONS: *Please fill out the information below AS IT APPEARS IN THE STUDENT INFORMATION SYSTEM.*

Name (Last, First MI): _____

Student ID #: 88 - - Birth Date: MM / DD / YYYY

Social Security #: - - Telephone #: Area Code - - Number

Mailing Address: _____

Number Street Apt. # City State Zip Code

Email Address: _____

NEW INFORMATION

INSTRUCTIONS: *Please check all boxes that apply and provide us with the new information that you want to update in the Student Information System.*

Student Name Change:

Last Name First Name Middle Initial

Legal Address Change:

Number Street Apt. # City State Zip Code

Mailing Address Change:

Number Street Apt. # City State Zip Code

ID # Change: Student ID #: 88 - -

Birth Date Change: Birth Date: MM / DD / YYYY

Social Security # Change: Social Security #: - -

Telephone # Change: Area Code - - Number

Email Address Change:

Email Address

Student's Signature

Date