

STUDENT INFORMATION CHANGE FORM

NAME: _____ ID NUMBER: _____
EMAIL: _____ PHONE NUMBER: _____

PLEASE CHECK THE BOX NEXT TO THE AREA(S) THAT NEED TO BE UPDATED:

NAME CHANGE: *PLEASE NOTE: ALL NAME CHANGE REQUEST MUST BE SUBMITTED WITH A PHOTO ID OF THE OLD NAME AS IT APPEARS IN OUR SYSTEM AND A PHOTO ID AND SOCIAL SECURITY CARD OF THE NEW NAME AS IT WILL APPEAR ON YOUR RECORDS.*

NEW NAME: _____
LAST FIRST MI

OLD NAME: _____
LAST FIRST MI

SOCIAL SECURITY #: _____
(CORRECT SSN) (INCORRECT SSN)
SSN CHANGE REQUEST WITHOUT VERIFICATION OF A NEW SOCIAL SECURITY CARD WILL REMAIN UNPROCESSED

DATE OF BIRTH: _____
(CORRECT DOB) (INCORRECT DOB)

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

PERMANENT ADDRESS: _____
ADDRESS CITY STATE ZIP

PHONE NUMBER HOME: () CELL: () WORK: ()

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
PRINT NAME RELATIONSHIP PHONE NUMBER

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

STUDENT SIGNATURE

DATE

ADMISSIONS OFFICE

STAFF INITIALS/DATE