



Request for Change of Student Information

A. Student Information

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

NAME OF CURRENT COLLEGE OR UNIVERSITY

B. New Contact Information

MAILING ADDRESS (STREET/PO BOX, APT, CITY, STATE, ZIP)

PHONE NUMBER

EMAIL ADDRESS

C. New Name – Include a Copy of a Legal Document (i.e. Social Security Card, Divorce Papers, etc.)

NEW LEGAL NAME (LAST, FIRST, MIDDLE)

SUFFIX

D. Verification of Authorized Change

My signature hereby certifies the information I have provided on this form is true and accurate.

STUDENT SIGNATURE

DATE

Date Received:	Received by:	Entered by:	Date Entered:
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