STUDENT INFORMATION CHANGE

Please Print

Student ID #:_____ Date of Birth:_____

Name:_____
Last First MI

Contact Information Change(s):

New Mailing Address: _____ New Home Address:_____

_____ _____

_____ _____

New Phone Number: _____ New email address: _____

Social Security Number Correction: _____ (Please provide card)

Name Change – Please provide legal documentation of name change from court

New Last Name:_____ New First Name: _____

New Middle Name:_____

For other information changes, please list those you want included in your student file. Please provide legal documentation for correction to date of birth or gender change.

_____

_____

_____

Student signature: _____ **Date:**_____

For Office Use Only:

Legal forms attached? YES _____ NO _____

Received By:_____Date:_____Processed By:_____Date:_____

dw
ARR2 10-14-24