

Personal Data Change

I, _____, request that the information given to be changed in my student record,
Please Print

and my identification number is: (student ID # or SSN) _____

My signature, as required by law: _____
Signature

Social Security Number Change (MUST include a copy of your Social Security Card)

From: _____ To: _____

Name Change (Must include a copy of a marriage license, a divorce decree, or a court order)

From: _____ ☐ Jr. ☐ Sr. ☐ II ☐ III
Last First Middle

To: _____ ☐ Jr. ☐ Sr. ☐ II ☐ III
Last First Middle

Do you want a new network/email login? ☐ No ☐ Yes If yes, please allow five business days for processing.

Birth Date Change (Must include a copy of birth certificate or state driver's license or identification card)

From: _____ To: _____

Address Change

From:

To:

Number and Street Apt. #

City State Zip

County

Number and Street Apt. #

City State Zip

County

Phone Number Change

Home - From: ____ - ____ - ____ To: ____ - ____ - ____

Cell - From: ____ - ____ - ____ To: ____ - ____ - ____

Business - From: ____ - ____ - ____ To: ____ - ____ - ____

Martial Status Change (Must include a copy of a marriage license, a divorce decree, or a court order)

From: _____ To: _____

For Office of the Registrar Use Only:

Does 'From' information agree with system ☐ Yes ☐ No (If no, please indicate what changes were different in the 'From' boxes.)

Processed by: _____ Processed on: _____