



PERSONAL DATA CHANGE FORM

Student ID #: _____ Date: _____

Full Name: _____
PLEASE PRINT Last Name First Name Middle Name

NOTE: PLEASE ONLY FILL OUT THE FIELDS YOU WANT TO CHANGE AND PRINT CLEARLY AND LEGIBLY.

IMPORTANT: To make a change to personal information on your student record, please complete and sign this form. This form must be submitted to the Office of Admissions and Records in person with photo identification.

NOTE: If you are in the International Student Program (ISP), please submit this form to the International Student Program Office in Bldg. 1600, Rm. 1658.

ADDRESS CHANGE			
New Residential Address		New Mailing Address (if different from Residence)	
_____		_____	
Number and Street	Apartment #	Number and Street	Apartment #
_____	_____	_____	_____
City	State	City	State
_____	_____	_____	_____
	Zip Code		Zip Code
	_____		_____

CONTACT INFORMATION CHANGE

Email Address: _____

<input type="checkbox"/> Home () - <input type="checkbox"/> Cell () - <input type="checkbox"/> Work	<input type="checkbox"/> Home () - <input type="checkbox"/> Cell () - <input type="checkbox"/> Work
---	---

NAME CHANGE

Former Name	New Name
	Copy of government-issued ID or legal documentation must be attached
_____	_____
Last Name	Last Name
_____	_____
First Name	First Name
_____	_____
Middle Name	Middle Name
_____	_____

OTHER CHANGES

Correct TIN/SSN to: _____ - _____ - _____ <small>Copy of SSN Card must be attached</small>	Correct Birthdate to: _____ / _____ / _____ <small>Copy of government-issued ID or legal documentation must be attached</small>
---	--

Student's Signature	Date: _____
---------------------	-------------

OFFICE USE ONLY

Received by: Staff: _____ Date: _____	Notes Staff Initials: _____
Processed by: Staff: _____ Date: _____	