



CHANGE OF STUDENT INFORMATION REQUEST

Name, Address and Other Information

LEGAL NAME: _____
LAST FIRST MI

STUDENT NUMBER: _____
(i.e. SSN/ DRIVER'S LICENSE)

DATE OF BIRTH: _____ PHONE NUMBER: _____ PHONE NUMBER: _____

CHANGE OF NAME

FROM

TO

Last: _____

Last: _____

First: _____

First: _____

Middle: _____

Middle: _____

NAME CHANGE BY MARRIAGE

BIRTH CERTIFICATE

CHANGE BY COURT

CHANGE OF ADDRESS

FROM

TO

CHANGE OF CONTACT

FROM

TO

OTHER CHANGES

FROM

TO

Currently enrolled: [] Yes [] No If No, semester and year last attended: _____

STUDENT'S SIGNATURE: _____ DATE: _____

**Changes made in computer system,
Cumulative folder**

Data Entry Stamp, Initials & Date