

Office of Admissions & Records

Change of Student Information

PLEASE PRINT CURRENT INFORMATION BELOW

Last Name, First, M.I.

Student ID or Social Security Number Date of Birth (mm/dd/yy)

PLEASE CHECK & COMPLETE ONLY THE AREA(S) TO BE CHANGED:

Legal Name _____
Last First M.I. (Verification required)

Preferred Name _____

Date of Birth ____/____/____ Social Security _____
(Verification required) (Verification required)

Telephone Home (____) _____ - _____ Mobile (____) _____ - _____

Email _____

Address (**Legal, NO P.O. Boxes**) Mailing (**P.O. Boxes Okay**)

Number Street Apt#/Space

State Zip

Signature Date