

STUDENT PERSONAL INFORMATION STATUS CHANGE

To Students:

Please complete this form for any directory information changes (i.e. address, phone #s, email) and submit to the Reception.

Check the \square for which information you wish to ch	nange. Pleas	e Print Clearly. Today's [Date:	
Student's Name:		Stud	ent ID:	
☐ Telephone Numbers:		☐ Social Security Num	nber:	
Mobile:		SSN:		
Home:		☐ Email		
Local:				
Fax:		Email:		
☐ Local Address:		☐ Mailing Address		
Street:	_ Apt:	Street:		Apt:
City:		City:		
State:		State:		
Zip:		Zip:		
☐ Billing Address				
Street:	_ Apt:			
City:				
State:				
Zip:				
☐ Name Change on Academic Record (attach al	l necessary d	ocumentation)		
New Name: LAST	FIRST	MIDDLE		IDEN
Reason to Change:		2222		
☐ Marriage: copy of marriage certificate, driver's	s license, or s	ocial security card is required		
\square Divorce/Remove married name: copy of court	order or diss	solution decree reflecting nam	ne change is required	d.
☐ Legal Name Change: copy of court order is re	quired			
☐ Other: Explanation of reason and a copy of co	ourt order or l	oirth certificate are required		
Student's Signature:			Date:	