



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:

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

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

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

Email _____.

Major (Degree) _____

Address (Legal, NO P.O. Boxes)

Mailing (P.O. Boxes Okay)

Number Street Apt#/Space

City State Zip

Signature

Date