



CHANGE OF STUDENT INFORMATION

Name: _____ J#: _____
(Please Print)

Date of Birth: _____ Telephone Number: _____

Please fill in the information you are requesting to be updated

Address Change (Driver's License or State Issued ID is required to change address)

New: _____
Street Address

City State Zip County

E-mail Address Change

New e-mail address: _____

Telephone Number Change

New telephone number: _____

Name Change (Legal documentation is required)

From: _____
Last First Middle
To: _____
Last First Middle

Two forms of identification are required. Ex: Marriage License, Birth Certificate, NEW Social Security Card, New Driver's License.

Social Security Number Change (MUST submit a copy of the social security card to complete this request).

From: _____ To: _____

Student's Signature: _____ Date: _____

REQUIRED BY FEDERAL LAW