



STUDENT RECORD CHANGE REQUEST

Information on file

Please print the information below

Name _____
Last First M.I.

Social Security No. _____ - _____ - _____

Student ID # _____

Address _____

City State Zip

Home Phone # (_____) _____

Cell Phone # (_____) _____

Email _____

Corrected Information

Please print *only* the *corrected* information below

New Name _____
Last First M.I.

New Social Security No. _____ - _____ - _____

New Address _____

City State Zip

New Home Phone # (_____) _____

New Cell Phone # (_____) _____

New Email _____

OFFICE USE ONLY

Change Completed Date _____

Initials _____

Verification of Name Change *(Documentation must be attached)*

- Marriage License Court Order
 Birth Certificate Records Error
 Other _____

Student Signature _____ Date _____