

# INDIANA**TECH**

## *Change of Information*

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Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

Name: \_\_\_\_\_

Change of name:  Yes  No If yes, previous name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

LHP: \_\_\_\_\_ TEMP: \_\_\_\_\_ Ship: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Day: \_\_\_\_\_ CPS: \_\_\_\_\_ IS: \_\_\_\_\_

Office use only:

Jenz \_\_\_\_\_

Please fax to the Warrior Information Network at 888.832.4844.