

Change of Information Form

Please complete this form and send it to the Registrar's Office at Registrar@indianatech.edu.

Student Information

Student ID Number: _____ Date of Birth: _____

Student Name: _____
Last First M.I

Address Change

Please check one of the following: Legal/Permanent Address Temporary Address Graduation Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name Change

(Please write your full legal name as it appears now on university records)

Former Name: _____
Last First

(Please write your full legal name as it should be changed (suffix & hyphen included) on university records) MI

New Name: _____
Last First MI

***Please make sure to review the "Name Change Documentation" section below and provide one of the listed legal documents.*

Gender Change

Please check one of the following: Male Female

Other Information Change

Phone: _____ **SSN update: _____

Cell Phone: _____ Email: _____

Signature

By signing below, I am authorizing my information to be changed on university records as indicated above:

Student Signature: _____ Date: _____

Documentation for Legal Changes

****If you are changing your SSN or legal name, please present one of the following legal documents displaying your SSN or new name (without this documentation we cannot update your SSN or legal name on university records):**

- Driver's License Marriage License Divorce Decree
 Passport Social Security Card Birth Certificate

For Registrar's Office Staff Only

Signature of staff member updating record: _____ Date: _____