

Change of Information Form**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: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

 Name Change*(Please write your full legal name as it appears now on university records)*Former Name: _____
Last First MI*(Please write your full legal name as it should be changed (suffix & hyphen included) on university records)*New Name: _____
Last First MI****Please make sure to review the "Name Change Documentation" section below and provide one of the listed legal documents.****Signature**

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

Student Signature: _____ Date: _____

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Birth Certificate |

For Registrar's Office Staff Only

Signature of staff member updating record: _____ Date: _____