



BOX 1 – Authorization & Demographic Information (TO BE COMPLETED BY THE STUDENT)

STUDENT INFORMATION

Full Name Attended Under _____
Last First Middle

Permanent Address _____

City State Zip

Student Datatel # _____
 Date of Birth ____/____/____
 Phone (____) ____-____
 Email _____

TYPE OF REQUEST

NAME CHANGE ADDRESS CHANGE TELEPHONE CHANGE EMAIL CHANGE OTHER CHANGE

_____ (please specify)

Signature Date

BOX 2 – Updated Information (TO BE COMPLETED BY THE STUDENT)

PLEASE CHECK EACH CHANGE

Name Change* _____
Last First Middle

*THIS REQUEST MUST BE ACCOMPANIED BY AN OFFICIAL RECORD OF THE CHANGE SUCH AS A DRIVER'S LICENSE, MARRIAGE CERTIFICATE OR SOCIAL SECURITY CARD

Address Change _____
 Street _____

City State Zip

Telephone Change (____) ____-____
 Area Code

Email Change _____@_____

Other Change _____

BOX 3 – Confirmation of Change (OFFICE USE ONLY)

INFORMATION CHANGED BY _____ Date _____