

STUDENT INFORMATION CHANGE FORM



A. Clearly print your **NAME, STUDENT ID NUMBER & BIRTHDATE** as it **PRESENTLY EXISTS** on your record; **EVEN IF INCORRECT**

Last Name	First Name	MI	Student I.D Number	Birthdate
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B. Clearly fill in **YOUR CURRENT ADDRESS**, check box if this is a new address and requires record change.

<input type="checkbox"/> CHECK IF NEW ADDRESS	_____ <small>Number</small>	_____ <small>Street</small>	_____ <small>Apt. No.</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip Code</small>
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C. Clearly fill in **ONLY** that information you want **CHANGED**. *(Copy of supporting document needs to be attached.)*

<input type="checkbox"/> 1. New Name: _____ <small>(As it appears on Legal ID)</small>	<input type="checkbox"/> 2. New Birthdate: ____/____/____ <small>Month Date Year</small>
<input type="checkbox"/> 3. Social Security Number: _____	<input type="checkbox"/> 4. Gender: F <input type="checkbox"/> M <input type="checkbox"/> Non-Binary <input type="checkbox"/>
<input type="checkbox"/> 5. New Telephone Number: (____) _____ - _____	
Student Signature: _____ Date: _____	

----- FOR OFFICE USE ONLY -----	PROCESSED BY: _____	EFFECTIVE FOR: _____
INTAKE BY: _____		