

**CHANGE OF STUDENT INFORMATION**

**DATE** \_\_\_\_\_

CURRENT NAME \_\_\_\_\_

STUDENT ID or  
SOCIAL SECURITY NO. \_\_\_\_\_

\* CHANGE NAME \_\_\_\_\_

\* Please provide documentation that indicates your new name (e.g. a government issued ID, Social Security Card, Driver's License, Marriage License, etc.)

CHANGE ADDRESS \_\_\_\_\_  
No. Street Apt. No.  
City State Zip Code

CHANGE TELEPHONE NO. \_\_\_\_\_

CHANGE IN EMERGENCY CONTACT: Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

CHANGE IN MARITAL STATUS: (used for reporting purposes only)  
 Single  Married  Separated  Divorced  Widowed