



## CHANGE OF INFORMATION FORM

Student ID# or SSN \_\_\_\_\_

CHECK BOX TO INDICATE THE INFORMATION THAT YOU ARE CHANGING			
<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Phone	<input type="checkbox"/> Birth Date
<input type="checkbox"/> Email	<input type="checkbox"/> Major		
PRINT CORRECT INFORMATION IN THIS BOX			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<i>Street Address</i>			<i>Apartment/Space #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone #</i>
<i>Birth Date (mm/dd/yy)</i>	<i>Email Address</i>	<i>New Major Code/Name</i>	
PRINT INCORRECT INFORMATION BELOW			
<i>Old SSN</i>		<i>Birth Date (mm/dd/yy)</i>	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
CHECK REASON FOR CHANGING SSN OR NAME			
<input type="checkbox"/> Marriage/Divorce	<input type="checkbox"/> Legal	<input type="checkbox"/> New SSN <small>(SOCIAL SECURITY CARD REQUIRED)</small>	
<input type="checkbox"/> Preference	<input type="checkbox"/> Error	<input type="checkbox"/> Other	

\_\_\_\_\_  
*Student Signature (required)*                      *Date*

\_\_\_\_\_  
*Processed by & date*                      *Eff. 3/8/07*