

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
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>			
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 (ORIGINAL SOCIAL SECURITY CARD REQUIRED)		
<input type="checkbox"/> Preference	<input type="checkbox"/> Error	<input type="checkbox"/> Other		

Student Signature (required)

Date