



Student ID # _____

Name _____ Date of Birth _____
last First middle

Change Address to:

Street _____ City _____ Zip Code _____

E-mail _____ Telephone _____ Signature _____

Change Name To: Not changing name for fraudulent or misrepresentative reasons.

Former Name _____
Last First Middle

Current Name _____
Last First Middle

Change Social Security Number to:

Student *MUST* present a copy of original Social Security Card

Duplicate Student I.D.

Incorrect Number : _____

Incorrect # : _____

Correct Number: _____

Correct # : _____

Change Major to: _____

Office Use Only