

INFORMATION CHANGE FORM
PLEASE PRINT CLEARLY



THIS SECTION MUST BE COMPLETED

Student Name: _____ A# _____
Last, First, Middle

Phone Number: (_____) _____ primary? (_____) _____ primary?
Mobile Land Line

Address: _____
Physical Address (and P.O. Box if applicable) City State Zip
 NEW address (*changes of address may effect tuition rate*) Current address

CHECK ALL THAT APPLY

I am requesting a LEGAL NAME change. *Legal documentation required.* This may be a court order, marriage license, or divorce decree.

Current: _____ New: _____
Legal Name-Last, First, Middle Legal Name-Last, First, Middle

I am requesting a PREFERRED FIRST NAME change.

Current: _____ New: _____

I am requesting an ADVISOR change. If changing academic advisor, *the new advisor's signature is required.*

New: _____
Academic Advisor or Faculty Advisor's Name Advisor's Signature

Student Signature: _____ Date: _____

STUDENT ENROLLMENT USE ONLY

Address Change: Check SOAHOLD for active address holds

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| Received | Entered |
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