



## Change of Information Form

Please print. When completed, please return to Student Services.

Name (Current) \_\_\_\_\_

Name (Change, if applicable) \_\_\_\_\_  
(Please attach a copy of the legal document reflecting an official name change)

Effective Date of Change(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

New Permanent Address (Home): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County: \_\_\_\_\_

Should this address also be used for billing?  Yes  No

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Changing Last Name or Suffix, Documentation Provided:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Court Order          | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> US Driver License US             |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Naturalization    | <input type="checkbox"/> State Issued Identification Card |
| <input type="checkbox"/> Divorce Document     | <input type="checkbox"/> Passport          |   |

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### For Office Use Only

Updated in CAMS by: \_\_\_\_\_ Date Updated: \_\_\_\_\_