



## 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:

Court Order

Birth Certificate

US Driver License US

Marriage Certificate

Naturalization

State Issued Identification Card

Divorce Document

Passport

---

### For Office Use Only

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

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