

**Complete Only The Numbered Item(s) That Need To Be Changed.**

**Provide both old and new information for these items.**

**OLD:**

**NEW:**

**1. Student ID No. (SSN)** \_\_\_\_\_

Student ID No. (SSN) \_\_\_\_\_

**2. Name** \_\_\_\_\_  
Last First Middle Other

Name \_\_\_\_\_  
Last First Middle Other

**Provide the new information for these items.**

**3. Permanent / Legal Address**

Street Apt. City State Zip ( ) Phone

**4. Current Address / (where you live while you are attending classes)**

Street Apt. City State Zip ( ) Phone

Student Signature

Date

University Registrar's Office

Date