

# STUDENT DATABASE CHANGE FORM

REGISTRAR'S OFFICE



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

Student ID # 000000 \_\_\_\_\_ OR Social Security # 000-00- \_\_\_\_\_

## New Address:

LOCAL ADDRESS CHANGE

PERMANENT ADDRESS CHANGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

New Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Cell phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone provider: \_\_\_\_\_

*(Cell phone provider information only needed if you would like to receive information by text)*

Parent's Address (if different from above): (for dependent students only)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Name Changes:

Change name to: \_\_\_\_\_

(must attach a copy of Social Security card with new name listed)

**RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE**

### OFFICE USE ONLY

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
By (initials)

\_\_\_\_\_  
Notes