

CHANGE OF PERSONAL DATA

STUDENT'S NAME _____ SS# _____
(Please print)

STUDENT ID # _____

CHANGE PERSONAL INFORMATION TO:

I am requesting a change to my: (Check one box)
Permanent LEGAL Address
Current Local MAILING Address

(If G&AS) Home Cohort (i.e. MBA50 Fulton)

PARENT'S address should also be changed

CURRENT STUDENT? YES / NO (Circle)

(Street Number and Name)

CHANGE WORK INFORMATION TO:

(City, State and Zip code)

(Employer's Business Name)

(County)

(Phone / Extension)

(Phone)

(Fax)

(Fax)

(E - mail)

(E - mail)

CHANGE NAME TO: _____
(Requires proof, i.e. copy of marriage certificate.)

CHANGE SOCIAL SECURITY NUMBER TO: _____
(Requires proof, i.e. social security card.)

THIS CHANGE APPLIES TO: ____ All University Mailings ____ Financial Billings Only

STUDENT'S SIGNATURE _____ DATE _____

THIS FORM IS REQUIRED TO COMPLY WITH COLLEGE POLICY MADE PURSUANT TO THE PROVISIONS OF THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.