

**DIVISION OF ACADEMIC AFFAIRS
OFFICE OF THE REGISTRAR
Change of Data Form**

Name _____ Id# _____ Phone# _____

Address _____
Street

City _____ State _____ Zip _____

Email Address: _____

Check the Appropriate Box Below

Change name

(Attach a Copy of the Official Document i.e. marriage license, divorce decree, or a new social security card)

Former (Old) Name: _____

Current (New) Name: _____

Change Permanent Address

New Address _____
Street

City _____ State _____ Zip _____

Change of Mailing Address

New Address _____
Street

City _____ State _____ Zip _____

Signature _____

Date _____