

## CHANGE OF BIOGRAPHICAL INFORMATION

**Student ID Number:** \_\_\_\_\_ **Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student Name:** \_\_\_\_\_

**Form Instructions:** Please complete the item(s) below that you wish to change, sign and date the form and submit the form to the Registrar's office.

**NAME CHANGE:** The University requires that the student record contain his/her legal name. Any name change requires additional documentation. Please submit official proof of name change with this form.

**New Name:**

\_\_\_\_\_  
Last First MI

**ADDRESS CHANGE:** The University requires that the student maintain a permanent, non-campus, address on file. Please supply a complete mailing address below. If you are a student worker, you **must** notify Human Resources of your new address. Completing this form will not update your address with Human Resources.

\_\_\_\_\_  
Street/Number P.O. Box #

\_\_\_\_\_  
City State Zip

**New Telephone Number:** \_\_\_\_\_  
Area Code Tel. #

**CAMPUS CHANGE:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Student Signature Required:**

\_\_\_\_\_  
Student Signature Date

Name Change Proof Provided: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_