OFFICE OF ADMISSIONS AND RECORDS
Request for Change of Directory Information

Student Name:  
LAST  
FIRST  
M.I.  

Student ID Number:  
Date of Birth:  
Month  
Day  
Year  

IMPORTANT
Please inform your instructor(s) regarding your name and/or student ID change to avoid being dropped from your classes.

PLEASE CHECK APPROPRIATE BOX(ES)
For ALL requests, please provide an official document, such as a photo ID, Soc. Sec. Card, etc.:

☐ Social Security/L.D. Number  ☐ Duplicate IDs  ☐ Physical Address
☐ Name  ID No. 1  ☐ Mailing
☐ Telephone Number  ID No. 2  ☐ Permanent
☐ Email Address  ☐ Both
☐ Date of Birth

<table>
<thead>
<tr>
<th>CHANGE FROM</th>
<th>CHANGE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security/L.D. Number</td>
<td>Social Security/L.D. Number</td>
</tr>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Email Address</td>
<td>Email Address</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City, State and Zip</td>
<td>City, State and Zip</td>
</tr>
</tbody>
</table>

Student’s Signature:  
Date:  

For Office Use Only

Received/Verified by:  
Date:  
Processed by:  
Date:  

A&R Form- 09/2011  
White copy:  A&R  
Yellow copy:  Student