OFFICE OF ADMISSIONS AND RECORDS

REQUEST FOR CHANGE OF DIRECTORY INFORMATION

Student Name:  

<table>
<thead>
<tr>
<th>Student ID Number:</th>
<th>Date of Birth:</th>
<th></th>
</tr>
</thead>
</table>

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 government issued document, such as a photo ID, Social Security card, etc.:

- Social Security/I.D. Number
- Duplicate IDs
- Physical Address
- Date of Birth
- ID No. 1
- Mailing
- ID No. 2
- Permanent
- Email Address
- Both
- Name (Note: When a student requests a name change, he/she must present legal documentation justifying the change, i.e. marriage certificate, court decree, etc. The revised name must appear in Banner exactly as it shows on the legal document.)

<table>
<thead>
<tr>
<th>CHANGE FROM</th>
<th>CHANGE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security/I.D. Number</td>
<td>Social Security/I.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:  

Processed by:  

Date:  

Date:  

A&R Form- 12/2016

White copy: A&R

Yellow copy: Student