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## ABOUT YOU

Current Name \_\_\_\_\_  
LAST FIRST M FORMER

Student ID \_\_\_\_\_

Fill out **ONLY** the information to be changed. Return to the Office of the Registrar, F-111.

Name\* \_\_\_\_\_  
LAST FIRST M FORMER

If changing your name, do you want your student email address to reflect this change?  Yes  No – Keep my student email the same.

Sex\*\*  Female  Male

Mailing Address \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Requires certified copy of court order.

\*\* Requires certified copy of court order or other legal identification (e.g., driver's license)

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### FOR OFFICE USE ONLY

Entered by \_\_\_\_\_ Date \_\_\_\_\_