



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.

Gender** 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)

FOR OFFICE USE ONLY

Entered by _____ Date _____