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**STUDENT INFORMATION CHANGE FORM**  
**(Personal)**

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Student Name (as it appears on University records): \_\_\_\_\_

Student ID # : \_\_\_\_\_ Degree Level: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

**COMPLETE ONLY APPLICABLE INFORMATION**

**Change in Name or Social Security Number**  
*(Requires Additional Support Documentation, i.e., driver's license or marriage certificate)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Change of Address, Telephone Number, or Email**

Street Address: \_\_\_\_\_

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

Area Code and Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_