

CHANGE OF DEMOGRAPHIC INFORMATION

Office of the Registrar



ROGERS STATE
UNIVERSITY
OFFICE OF THE REGISTRAR

Date: _____

Changes are not official until processed in the Office of the Registrar.

Name: _____ Student ID: _____
Last First MI

Student Signature: _____

COMPLETE ONLY CHANGES THAT APPLY

Former Name: _____ New Name: _____

Former SSN: ____-____-____ New SSN: ____-____-____

Former Address: _____
Address City State Zip

New Address: _____
Address City State Zip

Former Phone: (____) _____ New Phone: (____) _____

Former Email: _____ New Email: _____

☐ I prefer to receive email at this new email account rather than my RSU account.

Office of the Registrar: _____

06/30/2020