

CHANGE OF DEMOGRAPHIC INFORMATION

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: _____ Office of the Registrar: _____

COMPLETE ALL 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.

07/29/08

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