

CHANGE/CORRECTION - NAME/ADDRESS

Student Name _____

Student Social Security Number/ID Number _____

CHANGE OR CORRECTION OF NAME

New Name _____

Former Name _____

CHANGE OR CORRECTION OF ADDRESS AND/OR TELEPHONE NUMBER

New Address _____

Former Address _____

_____ Zip Code

_____ Zip Code

New Telephone _____
Area Code/Number

Former Telephone _____
Area Code/Number

CHANGE OR CORRECTION OF SOCIAL SECURITY NUMBER

Current Social Security Number _____ - _____ - _____

Former Social Security Number _____ - _____ - _____

Student Signature _____

Date _____

(For Office Use Only)

Processed by: _____

Date _____

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