

**Student Information:**

Student ID: @\_\_\_\_\_

Name (Last, First, Middle Initial)\_\_\_\_\_

**Changes Made to the Following (circle all that apply):**

- Address
- Home Phone Number
- Cell Phone Number
- Work Phone Number

New Address:

\_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

New Home Phone Number: \_\_\_\_\_

New Cell Phone Number: \_\_\_\_\_

New Work Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Certification:**

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete and return to Enrollment Services.*

**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_