

OFFICE OF THE REGISTRAR

REQUEST TO CHANGE OR CORRECT RECORDS

(Only the person to whom these records belong may request changes)

ID#: _____ Name: _____
Last First M.I.

Currently enrolled: _____ Yes _____ No If not, date of last enrollment: _____

Mailing address TO: _____
Street City, State Zip Phone#

Permanent address TO: _____
Street City, State Zip Phone#

Birth date: _____ Gender FROM: _____ TO: _____

Name _____

FROM: _____
Last First M.I.

TO: _____
Last First M.I.

REASON: _____

Social Security Number FROM: _____ TO: _____

EMERGENCY NOTIFICATION: _____
Name Relationship
Street City, State Zip Phone#

STUDENT SIGNATURE

FOR OFFICE USE ONLY:

Corrected: Permanent Record _____, EIS _____, DarWin _____ Initials: _____

Copy 1 - Registrar

Copy 2 - Student