



## Information Change Form

**Current Name (Last, First, M.I.)** \_\_\_\_\_

**EMPLID** \_\_\_\_\_

**Check the items you need to update and provide the correct information as requested:**

**Name Change** (Driver's License or Social Security Card required)

**Former Name** (Last, First, M.I.): \_\_\_\_\_

**Update Personal Information** (Documentation required)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Update Contact Information**

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street**

**City**

**State**

**Zip**

**Program Plan Change** (Student will remain active in current plan unless otherwise specified below)

Add/Drop	Program Plan	Requirement Term

**High School Information Update**

**High School Graduated From:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Diploma Type:**  Standard  Advanced Studies  Other: \_\_\_\_\_

**GED** State: \_\_\_\_\_ Award Date: \_\_\_\_\_

**No High School Diploma or GED** Last Date Attended: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

**Signature**

**Date**

**Office Use Only** ES: \_\_\_\_\_ **Date:** \_\_\_\_\_ **Advisor Assigned:** \_\_\_\_\_