

Information Change Form

Current Name: **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:

Update Personal Information (Documentation required)

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

Update Contact Information

Email Address: **Phone:**

Mailing Address:

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

Add/Remove	Program Plan	Requirement Term

High School Information Update

High School: **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: