



Office of Admissions and Records
3107 Bob Rogers Drive, Eagle Pass, TX 78852
Office:(830)758-5007 Fax: (830)758-5001

Change of Information

Please fill in form, print and sign.

Current Name: Student ID #:

PLEASE COMPLETE ONLY THE SCETION(S) REQUIRING CHANGES

Address

Change my local address to:

Street: City: State: Zip:

(If different from above) change my permanent address to:

Note: Changing your permanent address will not change your residency status. To change residency status, you must complete an Application for Reclassification of Residency and provide appropriate documentation.

Street: City: State: Zip: Phone:

Change my emergency contact to:

Name: Street: City: State: Zip: Relationship: Phone:

Campus Site

Social Security Number

(Copy of Social Security Card Required)

Date of Birth

(Copy of Birth Certificate Required)

Name Change

Please Print

(Please provide legal documentation)

Required Student Signature

Signature: Date:

Note: With few exceptions, state law gives you the right to request, receive, and correct information about yourself collected on this form.