

# CHANGE OF PERSONAL INFORMATION

PLEASE COMPLETE ONLY THE SECTION(S) REQUIRING CHANGES

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

**Student Name** (*print current name on file*): \_\_\_\_\_

**A-Number** (*print current A-Number on file*): A00 \_\_\_\_\_

**ADDRESS** (Check all that apply)

Change my  permanent address to:  local address to:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY CONTACT

**Add a new contact**

**Replace existing contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## FEDERAL ASSISTANCE NUMBER

Change my Social Security Number to  
(*copy of signed Social Security Card Required*): \_\_\_\_\_

## NAME CHANGE

Change my name to: \_\_\_\_\_

For the reason checked below:

Divorce (*copy of divorce decree required*)

Incorrect spelling (*copy of legal document with correct spelling required*)

Legal name change (*copy of court document required*)

Marriage (*copy of marriage license required*)

## AUTHORIZING SIGNATURE

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

Sul Ross State University  
Records and Registration  
Box C-2, Alpine, TX 79832  
PHONE (432) 837-8862 FAX (432) 837-8411

Sul Ross State University  
Records and Registration  
3107 Bob Rogers Dr., Eagle Pass, TX 78852  
PHONE (830) 758-5005 FAX (830) 758-5001