



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 SECTION(S) REQUIRING CHANGES

Address

Change my permanent address to:
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

(If different from above) change my local mailing address to:
 Street: _____
 City: _____ State: _____ Zip: _____

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.

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.