



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

Change of Information

Current Name: _____ Student ID #: _____

Please complete only the sections requiring changes.

Address

Change my local/billing/grade 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: _____

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.