

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 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: _____

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