

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*): _____

Student ID Number (*print current SID on file*): _____

ADDRESS (Check all that apply)

Change my permanent address to: local address to:

Street: _____

City: _____ State: _____ Zip: _____

EMERGENCY 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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