



Change of Student Information Form

Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

Student name and ID (Required)

<u>Student ID number:</u> _____ (If Student ID is unknown, provide last 4 digits of SSN and Full DOB)			
<u>Legal Name:</u> _____			
Last	First	Middle	
<u>Preferred Name:</u> _____			
Last	First	Middle	

Change of Address (please see Residency Change Form regarding Residency Policy)

<u>New Address:</u> _____			
Street Address	City	State	Zip
<u>Public School District for New Address:</u> <input type="checkbox"/> Crawford County R-1 (Bourbon) <input type="checkbox"/> New Haven <input type="checkbox"/> St. Clair R-13 <input type="checkbox"/> Sullivan C-2 <input type="checkbox"/> Union R-11 <input type="checkbox"/> Washington <input type="checkbox"/> Franklin Co. R-2 <input type="checkbox"/> Lonedell R-14 <input type="checkbox"/> Spring Bluff R-15 <input type="checkbox"/> Strain-Japan R-16 <input type="checkbox"/> Other (specify district & city) _____			
<u>New Phone Number:</u> (____) _____			
<u>New Cell Number:</u> (____) _____			
<u>New E-mail:</u> _____			

Legal Name Change Request (Must provide proof of legal name change)

<u>New Legal Name:</u> _____			
Last	First	Middle	
<u>Former Legal Name:</u> _____			
Last	First	Middle	

Preferred Name Change Request

<u>New Preferred Name:</u> _____			
Last	First	Middle	
<u>Former Preferred Name:</u> _____			
Last	First	Middle	
Change email address & eCentral/Moodle UserID to reflect new preferred name? <input type="checkbox"/> Yes <input type="checkbox"/> No (This may affect access to emails under previous email address.)			

Student Signature (Required): _____ **Date:** _____