



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)

Student ID Number: _____
(If Student ID is unknown, provide last 4 digits of SSN and Full DOB)

Legal Name: _____
Last First Middle

Chosen/Preferred Name: _____
Last First Middle

Change of Contact Information (Please see Residency Change Form regarding Residency Policy)

New Address: _____
Street Address City State Zip

New Phone Number: (____) _____

New Cell Number: (____) _____

New E-mail: _____

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

New Legal Name: _____
Last First Middle

Former Name: _____
Last First Middle

Chosen/Preferred Name Change Request

New Chosen/Preferred Name: _____
Last First Middle

Former Name: _____
Last First Middle

**Change ECC email address/eCentral/Canvas UserID to reflect new Legal Name or Chosen/Preferred name?
(This may affect access to emails under previous email address.)**

Yes No

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

Completed and signed form can be emailed to studentservices@eastcentral.edu.
Please Note: Changes made to your information may take at least 24 business hours to be in effect.