



## DEMOGRAPHIC INFORMATION UPDATE FORM

<b>CD Change information in the database to match this:</b>	<b>PLEASE PRINT CLEARLY</b>
First: _____ Middle: _____ Last: _____	
Address: _____	
Address: _____	
Phone: (h) _____ (w) _____	
NOTE: If you are doing a formal name change, you must provide a copy of a supporting document (e.g. marriage certificate, drivers license.)	

<b>◆ Information as it is <u>CURRENTLY</u> in the database:</b>
First: _____ Middle: _____ Last: _____
Currently Enrolled? D Yes D No      SSN: _____ <i>(required for verification purposes)</i>

® **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Changes cannot be processed without a signature)*

WHITE – Office of the Registrar  
6/28/07

YELLOW – Financial Aid Office

Revised

<b>FOR OFFICE USE ONLY</b>
Entered by: _____
Date: _____