

PERSONAL INFORMATION CHANGE FORM

DATE _____ STUDENT ID NUMBER _____

STUDENT'S FULL NAME _____

EMAIL ADDRESS _____@rams.shepherd.edu

*** If you have applied for graduation enter date: May 20 _____ August 20 _____ December 20 _____

CHANGE OF NAME
(Must Provide Legal Documentation)

Change Name to _____
First Middle Last

CHANGE OF SOCIAL SECURITY NUMBER
(Must present a copy of your Social Security Card)

Change Social Security Number to _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone Number _____ Relationship _____

CHANGE OF ADDRESS
(*Residence Hall changes are made by the Residence Life Office.)

CHANGE PERMANENT ADDRESS
(Where you reside – NOT a Post Office Box or Residence Hall)

County _____ Telephone Number _____

MAILING ADDRESS – May be changed via the WEB
(Where you receive mail but not a Residence Hall)

County _____ Telephone Number _____

Student's Signature _____