

PERSONAL DATA CHANGE FORM

Please fill in your name as it currently is in our student record system.

_____	_____	_____
Last Name	First Name	Middle Name
_____	____/____/____	____/____/____
Signature	Today's Date	Tech ID
		Date of Birth

Legal Documentation Must Be Provided With Your Request For A Name Change To Student Records.

Please attach a copy of one of the following documents with your request: Certificate of US Citizenship, Court Document, Divorce Decree, Driver's License, Marriage Certificate, Passport.

From: _____

_____	_____	_____
Last Name	First Name	Middle Name

To: _____

_____	_____	_____
Last Name	First Name	Middle Name

Check if you have applied for Graduation. The name on your records will be the name that is printed on your diploma.

Marital Status: Single Married Divorced

Gender: Male Female

Are you an international student on a F-1 or J-1 visa? Yes No

Social Security Number Change

Attach a copy of your social security card. Please make sure you have signed your card, without your signature an update cannot be made. If you are receiving financial aid this information will be shared with Financial Services.

FROM: _____ TO: _____

Are you currently receiving Financial Aid? Yes No

Many colleges/universities use social security numbers and birthdates for student identification purposes on student records. Providing this information is voluntary. If you do not provide these numbers, your application will not be processed. This data is requested for purposes of administration.

Return this completed form to the Office of the Registrar, WA 132