

Request to Change Student Record Information

I am a (*check all that apply*): Student Student Employee International Student (F1)

Name _____ Student ID No. **B** _____
Last First MI

E-mail _____ Phone _____

I am requesting the following changes to my record:

ADDRESS CHANGE

NOTE: It is necessary to have the correct address and phone number for your college records. **If you have moved to an in-district address, you must validate your new address with either a current Illinois driver's license or state ID card.**

Old Address _____

New Address _____

New Phone _____

RECORD CHANGE

Indicate the change you are requesting and the reason for the change (i.e. change in name, Social Security number, birth date, and visa status). **Enclose copy of necessary documentation.**

Reason for change: _____

Name Change: From _____ To _____

Social Security Number _____ Birth Date _____

Visa Status _____ Other _____

Do you want your login ID and e-mail changed to reflect the new name? Yes No

(Login ID and campus e-mail accounts are created based on the first initial of first name and the first seven letters of last name.)

Student Signature _____ Date _____

Signature is required in order to process request.

FOR OFFICE USE ONLY

Type of document _____ Accepted by _____

Processed by _____ Date changed _____