

Student Information:

Student ID: @_____ Phone Number: _____

Name (Last, First, Middle Initial) _____

Changes Made to the Following (select all that apply):

- ☐ Address
- ☐ Home Phone Number
- ☐ Cell Phone Number
- ☐ Work Phone Number

New Address:

Street line 1 _____
Street line 2 _____ State _____ Zip Code _____

New Home Phone Number: _____

New Cell Phone Number: _____

New Work Phone Number: _____

Effective Date of Change: _____

Certification:

By signing below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: _____ Date: _____

Please complete and return to the One Stop Enrollment Center.

For Office Use Only:

Date Received: _____

Date Entered: _____

Entered By: _____