

**CHANGES OF STATUS**

WHICH OF THE FOLLOWING WILL THIS CHANGE OF STATUS AFFECT? (Mark all that apply)

Name\*      Address      Phone Number      Email      Emergency Contact

**\*(FOR NAME CHANGE A COPY OF COURT ORDER OR MARRIAGE CERTIFICATE/LICENSE MUST BE PROVIDED. PLEASE ATTACH.)\***

\_\_\_\_\_ / \_\_\_\_\_  
Social Security Number      Date

Current or New Name: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City      State      Zip Code

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Home  
County      Area Code      Telephone Number       Cell

New Email Address: \_\_\_\_\_

Former Name: \_\_\_\_\_

New Emergency Contact \_\_\_\_\_ / \_\_\_\_\_  
Name      Telephone Number

Are you receiving Veteran's Benefits? (check one)      Yes      No

**Remember, if you are receiving Veteran's Benefits, and you change your address, you must complete the VA change of address form in the Financial Aid Office.**

Student Records Office use only:      Please Initial & Date  
Terminal Change      \_\_\_\_\_  
File Change      \_\_\_\_\_  
IT & F.A. Notification      \_\_\_\_\_