

CHANGE IN STUDENT INFORMATION

- Academic
- Continuing Education

Student ID or SS# _____ Last Name _____ First Name _____ M. _____

Please change the following information as indicated below (Complete ONLY those items requiring change)

- Social Security Number (Attach copy of SS Card):

Name: _____
Last First Middle

Name change due to: Marriage Divorce Court Order

E-Mail Address

New Mailing Address: _____
Number/Street City State County Zip

New Residence Address: _____
Number/Street City State County Zip

Phone Number: _____
Home Cell Work

Educational Goals (Please select only one)

- Associate Degree
- Certificate of Completion
- Credit to Transfer
- Personal Development
- Other _____
- To Get a Job
- To Get a Better Job
- To Improve Skills for Current Job
- To Maintain a License

Major _____
(NOTE: Students who choose "non-degree seeking" as a major will not qualify to receive Federal Financial Aid.)

Catalog Year _____

Other (specify in detail) _____

Requested by _____
Signature

Return Form to:

Any Service Center Counter on any Amarillo College Campus

Fax to: Amarillo College (806) 371-5066

Mail to: Registrar's Office
P O Box 447
Amarillo TX 79178

Date