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**

(Attach copy of Drivers License or valid identification)

☐ _____

E-Mail Address

☐ **New Mailing Address:** _____

Number/Street **City** **State** **County** **Zip**

NOTE: Change is residency requires a different form to be processed. See "*Change of Residency*" under www.actx.edu/registrar

☐ **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

_____
Date

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