

## 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 in residency requires a different form to be processed. See "Change of Residency" under [www.actx.edu/registrar](http://www.actx.edu/registrar)

Phone Number: \_\_\_\_\_

Home

Cell

Work

**Educational Goals (Please select only one)**

- |   |   |
|---|---|
| <input type="checkbox"/> Associate Degree<br><input type="checkbox"/> Certificate of Completion<br><input type="checkbox"/> Credit to Transfer<br><input type="checkbox"/> Personal Development<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> To Get a Job<br><input type="checkbox"/> To Get a Better Job<br><input type="checkbox"/> To Improve Skills for Current Job<br><input type="checkbox"/> 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

**Return Form to:**

\_\_\_\_\_  
Signature

Any Service Center Counter on any Amarillo College Campus

\_\_\_\_\_  
Date

Fax to: Amarillo College (806) 371-5066

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