

STUDENT INFORMATION CHANGES

Only the person to whom this information belongs may make changes

*****Complete only your name, social security number, and the information you wish to change*****

If your social security number or name is new, mark those boxes and attach the official document (court order, license, etc) that caused the change

STUDENT ID# LAST NAME FIRST MIDDLE

OTHER NAMES BY WHICH YOU MAY HAVE BEEN KNOWN AT TWU LAST SEMESTER ENROLLED CLASSIFICATION

STREET— OFFICIAL MAILING ADDRESS

CITY STATE ZIP CODE

TELEPHONE NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY

NUMBER TO CONTACT IN CASE OF EMERGENCY

I certify that I am the person about whom these records are kept.

SIGNATURE (IDENTIFICATION REQUIRED) DATE

CORRECTED ON TERMINAL
 CORRECTED ON PERMANENT RECORD
 CROSS REFERENCE MADE

FOR OFFICE USE ONLY