

Student Information Changes

Student ID: _____ Date of Birth: _____ / _____ / _____

Last Name _____ First Name _____ Middle _____

Currently Enrolled Y N If not, date of last enrollment: _____

TWU e-mail: _____ Alt e-mail: _____

ONLY COMPLETE THE SECTION(S) PERTAINING TO INFORMATION YOU ARE UPDATING

____ Name Change or Personal Information

Former Name: _____
Last First Middle Initial

New Name: _____
Last First Middle Initial

Name Change Reason: _____

***INCLUDE A COPY OF CORRECT SIGNED SOCIAL SECURITY CARD or COURT ISSUED
FINAL ORDER OF NAME CHANGE AND A COPY OF GOVERNMENT ISSUED PHOTO ID***

____ Personal Information Change

Phone number: _____ Alt number: _____

Mailing address: _____
Street City State Zip

Permanent address: _____
Street City State Zip

Date of Birth Correction: _____ / _____ / _____ Gender Change From: _____ To: _____

Driver's License Correction: State: _____ License Number: _____

INCLUDE A COPY OF GOVERNMENT ISSUED PHOTO ID

____ Emergency Contact Change

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alt Phone: _____

Emergency Contact Address: _____
Street City State Zip

Contact for Missing Person: Y N *Additional contacts may be added by submitting additional forms.

INCLUDE A COPY OF A COPY OF GOVERNMENT ISSUED PHOTO ID

Student Signature

Date