



# Biographical Information Change Form

Please print legible and list accurately and completely all new or different information that you want to change on your biographical file.

## PERSONAL DATA

NAME: \_\_\_\_\_ DOB : \_\_\_\_\_ TSC ID: \_\_\_\_\_  
(Please print)

E-MAIL: \_\_\_\_\_

## CHANGES TO ADDRESS/PHONE NUMBER

Please check all that apply: (Appropriate documentation must be attached)

**Change preferred mailing/billing address to:**

Address: \_\_\_\_\_  
(Street/ PO Office Box )  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Change telephone number to:**

(Please note all other numbers will be deleted)

Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

**Note: Any changes in the permanent address that may affect tuition status (to lower tuition/ fee table) or a foreign student insurance form must be submitted with proper documentation, otherwise, no changes in status will occur.**

## CHANGES TO PERSONAL DATA

Please check all that apply: (Appropriate legal documentation must be attached)

**Change of Name:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Reason for Change** (Check one):

Divorce (Copy of Divorce Decree required)

Incorrect Spelling (Copy of legal document with correct spelling)

Marriage (Copy of Marriage License required)

Legal Name Change (Copy of court document required)

Other \_\_\_\_\_

**Change of Social Security Number:** \_\_\_\_\_ (Copy of Social Security Card Required)

**Marital Status: Check one:** Single Married Widowed Separated Divorced

**Change of Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (Please provide Birth Certificate.)

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_