

CHANGE OF INFORMATION

Social Security Number _____ CASC ID _____ Date of Birth _____

Full Name _____

Instructions: In the spaces provided below, please write-in that information you wish to change and leave all others blank. Student information will be updated upon receipt of signed *CHANGE OF INFORMATION* form. Please print neatly and clearly.

	WRITE IN CHANGED INFORMATION ONLY:
LAST NAME <i>(must attach court document showing legal name change)</i>	
ADDRESS	
TELEPHONE	
MAJOR	

STUDENT SIGNATURE: _____

DATE: _____