

Change of Student Information

DISCLAIMER: Please download the form, fill out all information, <u>SAVE the form to your computer</u> and then submit your completed application to the Office of Academic Records.

(Failure to save the form will result in a loss of all typed information)

Last Name:	First Name:	CWID No:	
Phone Number:	Email Address:		
Do you meet any of the following	: Student Athlete □ Veteran □ I	nternational □ OSD □ TAA	□ WIOA □
Name Change:			
Previous Name (First, Middle,	Last):		
New Name (First, Middle, Last):		
Reason for Name Change: ☐ Marriage ☐ Divorce Decree ☐ Certified Court Order ☐ Other	Date: Date: Date: Date:		
Driver's LicerMarriage Lice	f the appropriate documentation listense (showing new name) or Governmentense ense ent (Divorce/Legal Name Change)		change:
Social Security Number Chang	<u>ye:</u>		
Please contact the Academic Number: 724-938-4434 or aca Address Change:	Records Office for more informa ademicrecords@calu.edu	tion on how to change your S	Social Security
Old Address:		New Address:	
Street:			
City:			
State: Zip:	_Phone:	State:Zip:	Phone:
Driver's License (showing r Government issued Photo Please Note: If you are changing your ac submit a "Change of Residency" request.		ge request does not automatically cha for more information.	nge your residency, you must
Student Signature		Date	