



CHANGE OF INFORMATION REQUEST

- Student** (return to Registrar's Office, Jernigan 101 or FAX 704.337.2218)
- Faculty** or **Staff** or **Other** (return to Human Resources, Jernigan 111 or FAX 704.337.2238)

NAME:

Last Name	First Name	Middle Name
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PLEASE CHANGE MY NAME:

In order to change a name, official documentation must accompany this form (i.e., marriage certificate, court order).

Change Name to:

Last Name	First Name	Middle Name
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PLEASE CHANGE MY ADDRESS: Permanent Local Work Billing

**** If this change affects more than one address, please check all addresses affected ****

Current Address:

Change Address to:

Street Address			Street Address		
City	State	Zip	City	State	Zip

PLEASE CHANGE MY PHONE #: Permanent Local Work Cell / Mobile

Current Phone #:

Change Phone # to:

PLEASE CHANGE MY SOCIAL SECURITY #:

In order to change a SS#, official documentation must accompany this form (i.e., Social Security Card).

Current Social Security #:

Change Social Security # to:

PLEASE CHANGE MY CAMPUS INFO:

Current Campus Box #:

Change Campus Box # to:

Current Campus Phone Extension:

Change Campus Phone Extension to:

PLEASE CHANGE MY E-MAIL ADDRESS:

Current e-mail address:

Change e-mail address to:

Signature

Date of Request

Date Changes to
become Effective