



Personal Information Change Form

Student Number: _____ Social Security Number: _____

Name (as it appears in the system): _____
(Please Print Legibly) (Last) (First) (Middle)

Phone Number: _____ E-mail address: _____

Please make the following changes:

Name Change - (YOU MUST PROVIDE A COPY OF A LEGAL DOCUMENT SHOWING THE NEW NAME; SUCH AS, DRIVER LICENSE, SOCIAL SECURITY CARD, OR COURT DOCUMENT. COURT DOCUMENTS ARE REQUIRED FOR CHANGES TO FIRST NAME). Have you applied for graduation? _____

New Name: _____
(Please Print Legibly) (Last) (First) (Middle)

SPECIAL NOTE
IF YOUR NAME IN THE SYSTEM IS NOT THE SAME AS THE NAME ON YOUR SOCIAL SECURITY CARD, YOUR FINANCIAL AID COULD BE AFFECTED

Address Change

New Mailing Address: _____
(Street) (Apt #)
(City) (State) (Zip) (County)
(Home Phone) (Cell Phone)

Social Security Number and/or Date of Birth Change - (FOR SOCIAL SECURITY NUMBER CHANGES YOU MUST PROVIDE A COPY OF YOUR ORIGINAL SOCIAL SECURITY CARD; FOR DATE OF BIRTH CHANGES YOU MUST PROVIDE A COPY OF YOUR BIRTH CERTIFICATE OR DRIVER LICENSE)

Social Security Number: _____ Date of Birth: _____

I affirm that I am the above named student. I hereby give my written consent and authorize Jacksonville State University to change my academic record to reflect the information indicated above.

Student Signature: _____ Today's Date: _____

Jacksonville State University
Office of the Registrar
700 Pelham Road North
Jacksonville, AL 36265-1602
Phone: 256-782-5400 Fax: 256-782-5121
Email: registrar@jsu.edu

For Office Use Only: Date: _____ Processed By: _____