Cowley College
Student Request for Change of Information

Student ID#: _____ Date: _____

Name: _____
Last First Middle

Change request type: (Check all that apply)
☐ Address ☐ Name ☐ Personal E-mail ☐ Phone

Change address to :* ☐ Legal Home/Permanent ☐ Mailing address ☐ Both

_____
Street

_____ _____ _____ _____
City *State* *Zip* *County*

Name Change: *

Former Full Name: _____

New Full Name: _____

Change of Personal E-mail:

New E-Mail: _____

Change of Phone #:

(_____) _____-_____ ☐ Cell ☐ Home ☐ Work

Change of Major:

Former Major: _____ New Major:

** All changes of name or address **require** one of the following: social security card, driver's license (address), marriage license, or court documents as evidence of change and are to be submitted with this form.*

_____
Student Signature