



CHANGE OF INFORMATION FORM

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
 Canton OH 44710
 Email: Registrar@aultmancollege.edu
 Phone: 330-363-1232
 Fax: 330-580-6654

<i>For Office Use Only</i>

<i>Date Received</i>

<i>Date Processed</i>

It is important that the college has current information on every student, and it is your responsibility to report any changes in this information. Failure to do so may prevent important information/notices from getting to you. Complete this form and submit to the College Office. Please allow 3 days for processing.

FILL OUT THIS SECTION COMPLETELY.			
FIRST NAME	M.	LAST NAME	STUDENT ID NUMBER
_____	_____	_____	_____
STUDENT SIGNATURE		DATE	

CHECK AND COMPLETE WHICH INFORMATION YOU WOULD LIKE CHANGED:

<input type="checkbox"/> NAME CHANGE A SOCIAL SECURITY CARD IS REQUIRED FOR A NAME CHANGE
FORMER NAME
NEW NAME

<input type="checkbox"/> TELEPHONE		
<input type="checkbox"/> HOME	<input type="checkbox"/> CELL	<input type="checkbox"/> WORK

<input type="checkbox"/> STREET ADDRESS			
STREET NAME	CITY	STATE	ZIP
_____	_____	_____	_____

<input type="checkbox"/> OTHER
PLEASE EXPLAIN
