



# INFORMATION CHANGE FORM

#900 \_\_\_\_\_  
Student ID Number Last Name First Name MI

Major Change:

Name Change:

\_\_\_\_\_  
Major Code Description Last Name First Name MI

Address Change: Mailing (if your mailing address is a PO Box, you must provide a legal permanent address)

\_\_\_\_\_  
Street Address City State Zip Code Telephone Number

Address Change: Legal Permanent Address

\_\_\_\_\_  
Street Address City State Zip Code Telephone Number

\_\_\_\_\_  Add FERPA Release  Remove FERPA Release  AVC Employee  
Birth Date

\_\_\_\_\_  
Student Signature Date

Office Use Only  
\_\_\_\_\_  
Processed By Date