

CHANGE OF INFORMATION REQUEST



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 + 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 + (803) 536-7185 + FAX: (803) 536-8602

NAME _____ E-mail address _____

CAMPUS WIDE ID _____

Currently Enrolled? ___YES ___NO

INSTRUCTIONS: Please complete the appropriate block(s) and provide original materials for documenting your request.

ADDRESS CHANGE: ALL ADDRESSES LOCAL MAILING PERMANENT
Your Residence Hall is not considered a permanent address and changing your address does not declare instate residency.

New Address

Street/Box No. _____

Apt. No. _____

City _____

State _____

ZIP _____

TELEPHONE NUMBER CHANGE

New Number (____) _____

Remove all addresses other than checked one above.

NAME CHANGE - Name changes will be made only when the student provides a copy of a changed Social Security Card, Driver's License and Marriage Certificate or Court-Ordered Name Change/Divorce Decree.

Change FROM

Last _____

First _____

MI _____

Change TO

Last _____

First _____

MI _____

SOCIAL SECURITY NUMBER CHANGE ~ You must provide your original Social Security Card and Driver's License/Photo Identification as supporting evidence.

Incorrect Number _____ ~ _____ ~ _____

CORRECT NUMBER _____ ~ _____ ~ _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Change/Correction Made _____ By _____

RETURN FORM TO THE OFFICE OF THE REGISTRAR