



<p style="text-align: center;"><b>CHANGE OF INFORMATION FORM</b></p> <p style="text-align: center;">Date: _____</p> <p style="text-align: center;">ID or SSN# _____</p>
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I hereby request that my information, as it appears on my student academic record, be changed as indicated below. *All legal name change requests must be accompanied by the corresponding legal documentation showing the change.* Examples of legal documentation include marriage license or court documents or social security card.

Complete New Legal Name:	Most Recent Former Name:
Other Former Names:	Birth Date:

Change of Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change of Phone # \_\_\_\_\_

Change of Email: \_\_\_\_\_

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

Please send this form to *The Office of the Registrar, 125 W. Cooper, Sterling KS 67579* or email to registrar@sterling.edu.