



106 Courthouse Square
Rayville, LA 71269
(318) 728-8989 phone
(318) 728-8988 fax

STUDENT INFORMATION CHANGE FORM

Action Requested

- Name Change
- Address Change
- Phone Number Change
- Social Security Number Change

Please Print

Name Change: Effective Date _____

Student ID Number ____ - ____ - _____

Previous Name (currently recorded in system): _____

Full name change as of effective date: _____

Documentation used to verify name change: _____

Address Change: Effective Date _____

Name _____ Student ID Number ____ - ____ - _____

New Mailing Address _____

City _____ State _____ Zip Code _____

Primary Telephone Number (____) _____

Alternate Telephone Number (____) _____

Social Security: Effective Date _____

New Name: _____

New Social Security Number: _____ - _____ - _____

Marital Status

- Single
- Married
- Separated
- Divorced

Student's Signature _____

Date: _____