



Registration and Records  
Phone: (630) 617-3250  
FAX: (630) 617-3245

## CHANGES IN STUDENT INFORMATION

NAME \_\_\_\_\_ S.S.N. or I.D. \_\_\_\_\_  
*Current name on file* ..

**CHANGES (Enter ONLY the changed information as you wish it to appear on College files)**

NEW FULL NAME\*

\_\_\_\_\_  
*\*(Requires copy of legal document confirming name change.)*

NEW PERMANENT

ADDRESS \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip*

*County*

NEW HOME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ NEW BUSINESS ( \_\_\_\_\_ ) \_\_\_\_\_

CELL PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

OTHER CHANGES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Student Signature*

*Date*

NOTE: For changes in major(s) or adviser, see Advising Office. For changes in campus box number, contact Campus Mail Room.

Office Use Only: Date Changed: \_\_\_\_\_ Staff Initial: \_\_\_\_\_