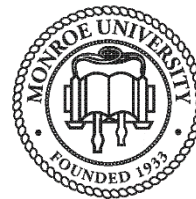


MONROE UNIVERSITY

CHANGE OF INFORMATION FORM



Name: _____ ID#: _____

**If this is a request to change your name or Social Security number, please provide valid state ID or passport and social security card (if applicable) along with one of the following: marriage certificate, divorce decree, court order, birth certificate and/certificate of naturalization.
(Please print and check all that applies.)**

Semester: _____ Year: _____

- ☐ New Name: _____
- ☐ New S.S. #: _____ Old S.S. #: _____
- ☐ Permanent Home Address: _____
- ☐ City: _____ State: _____ Zip: _____
- ☐ Home Phone: _____ ☐ Cell Phone: _____
- ☐ Personal Email: _____
- ☐ Local Address: _____
- ☐ City: _____ State: _____ Zip: _____
- ☐ Local Phone: _____ ☐ Local Cell Phone: _____
- ☐ Emergency Contact Person: _____ Relationship: _____
- ☐ Emergency Contact Phone Number: _____

Student Signature: _____

Date: _____

Registrar Signature: _____

Date: _____