



Biographical Information Change Form

Please print legible and list accurately and completely all new or different information that you want to change on your biographical file.

PERSONAL DATA

NAME: _____ *(Please print)* DOB : - - TSC ID: _____
E-MAIL: _____

CHANGES TO ADDRESS/PHONE NUMBER

Please check all that apply: (Appropriate documentation must be attached)

Change preferred mailing/billing address to:
Address: _____
(Street/ PO Office Box)

(City) (State) (Zip Code)

Change telephone number to:
(Please note all other numbers will be deleted)
Home: () -
Work: () -
Cell: () -

Note: Any changes in the permanent address that may affect tuition status (to lower tuition/ fee table) or a foreign student insurance form must be submitted with proper documentation, otherwise, no changes in status will occur.

CHANGES TO PERSONAL DATA

Please check all that apply: (Appropriate legal documentation must be attached)

Change of Name:
Last Name: _____ First Name: _____ Middle Initial _____

Reason for Change (Check one):
 Divorce (Copy of Divorce Decree required) Incorrect Spelling (Copy of legal document with correct spelling)
 Marriage (Copy of Marriage License required) Legal Name Change (Copy of court document required)
 Other _____

Change of Social Security Number: _____ - _____ - _____
(Copy of Social Security Card Required)

Marital Status: Check one: ____ Single ____ Married ____ Widowed ____ Separated ____ Divorced

Change of Date of Birth: Month _____ Day _____ Year _____ (Please provide Birth Certificate.)

STUDENT SIGNATURE _____ DATE _____

OFFICE OF ADMISSIONS USE ONLY

Received by: _____ DATE: _____