



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: _____ DOB: ____ - ____ - ____ TSC ID: _____
(Please print)

E-MAIL: _____

CHANGES TO ADDRESS/PHONE NUMBER

Please check appropriate box: (Appropriate documentation must be attached for change of billing address)

Change preferred mailing or billing address to:

Change telephone number to:
(Please note all other numbers will be deleted)

Address: _____
(Street/ PO Office Box)

(City) (State) (Zip Code)

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 appropriate box: (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 will be required)

Marital Status: Please check one: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced

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

STUDENT SIGNATURE _____ DATE _____

OFFICE of the Admissions and Records USE ONLY:

Received by: _____ Date: _____