

Requested by:

- Parent/Guardian
- Student
- Administrator—_____
- Admin Office—_____
- Teacher—_____

STUDENT DATA CHANGE REQUEST FORM

Please PRINT clearly!

Date Requested: _____

 Student # Legal Name of student (as it appears on birth certificate) Grade

Student Nickname _____ Gender: Male Female

Ethnicity: American Indian Asian Black Hispanic Multi-Racial White

Date of Birth: _____ Social Security # _____
Copy required to change/correct Copy of SS card is required

Home Address: (Proof of residency is required, i.e., lease agreement, utility bill, etc., see records clerk for details.)

 Complete Street Address Include Apartment or Lot Number

 City State Zip Code County

Home Phone Number: _____ Unlisted

1-Cell Phone Number: _____ Belonging to: _____

2-Cell Phone Number: _____ Belonging to: _____

1-Work Phone Number: _____ Belonging to: _____

2-Work Phone Number: _____ Belonging to: _____

Parent/Guardian Signature: _____

To change parent/guardian information we must have a copy of legal court documents authorizing change—NO EXCEPTIONS!

Additional notes and/or comments:

This completed form is to be returned to the Registrar’s Office for processing

Date Received:

Date Verified:

Date Processed:

By: