

STATUS CHANGE FORM
(Send to Admissions Office - Attn: Nancy Long)

DATE: _____ **SSN** _____

NAME: _____
(If changing name, need copy of marriage certificate, divorce decree or other official document)

MAILING ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____

PHONE: Home _____ **Cell** _____

ARE YOU A STUDENT WORKER PAID BY THE COLLEGE? **YES** _____ **NO** _____

HAVE YOU BEEN A STUDENT WORKER IN THE PAST YEAR? **YES** _____ **NO** _____

DEPARTMENT YOU WORK(ED) IN: _____

INDICATE CHANGE:

_____ **NAME** _____ **ADDRESS** _____ **PHONE** _____ **OTHER**
