

## CHANGE OF INFORMATION FORM IVY TECH STATE COLLEGE

Term: \_\_\_\_\_ Campus: \_\_\_\_\_

Last Name	First Name	MI	Social Security Number

**COMPLETE ONLY THE BOXES IN WHICH INFORMATION IS BEING REQUESTED TO BE CHANGED.**

CHANGE FROM:

<b>Former Name:</b>	
<b>Incorrect Social Security Number:</b>	
<b>Former Address:</b>	
Street	
City	State
<b>Former Home Phone Number:</b>	
(      )	
Area Code	
<b>Former Work Phone Number:</b>	
(      )	
Area Code	
<b>Former Contact for Emergency Care:</b>	
Former Contact:	
Phone:	

CHANGE TO:

<b>New or Correct Name:</b>	
<b>Social Security Number:</b>	
Source:	
<b>New Address:</b>	
Street	
City	State
<b>New Home Phone Number:</b>	
(      )	
Area Code	
<b>New Work Phone Number:</b>	
(      )	
Area Code	
<b>Contact for Emergency Care:</b>	
Contact:	
Phone:	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Input by:

\_\_\_\_\_  
Date