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FAIRMONT STATE UNIVERSITY™
Student Services



Scanned

Change of Information Form

CURRENT STUDENT INFORMATION:

Name: _____
(Last) (First) (Middle)

Student ID: F00 _____ Date of Birth: _____

CHANGE OF NAME: *(if applicable)*

New Name: _____
(Last) (First) (Middle)

Note: Copy of legal name change document is required. Must be attach to this form to be processed.
Examples of acceptable supporting documentation include: driver's license, social security card, marriage license, divorce decree, passport or other court order.

CHANGE OF ADDRESS: *(if applicable)*

Please select at least one: Permanent Address Mailing Address

Street: _____

City: _____ State: _____ Zip Code: _____

CHANGE OF TELEPHONE: *(if applicable)*

Home Phone Number: _____

Cell Phone Number: _____

CHANGE OF EMAIL: *(if applicable)*

Personal: _____

Student Signature: _____ Date: _____