



INFORMATION CHANGE FORM

PLEASE PRINT CLEARLY

THIS SECTION MUST BE COMPLETED

Student Name: _____ Aims ID: _____ - _____ - _____
Legal Name – Last, First, Middle

Address: _____
Physical address (and P.O. Box if applicable) **City** **State** **Zip** **County**

Phone: _____
Telephone Number – Mobile **Telephone Number** – Day **Telephone Number** – Evening

Which of the above telephone numbers is your primary/main number? _____

Student Signature: _____ Date: _____

PLEASE CHECK ALL THAT APPLY

I am requesting a RESIDENCY CHANGE *effective term:* _____ from Out-Of-District to In-District for tuition purposes. I understand this request must be submitted in time to allow for review and approval by Admissions and Records before I register for the term in which I want the new residency to take effect. *Proof of new address is required*. This may be a photocopy of a lease, vehicle registration, voter registration, or driver's license with new address showing on front of license.

I am requesting a NAME change. *Legal documentation required*. This may be a court order, marriage license, or divorce decree.
Change from: _____ To: _____
Legal Name – Last, First, Middle **Legal Name** – Last, First, Middle

I am requesting a DEGREE or MAJOR change *effective term:* _____

- Personal Interest / no declared major (NONE)
- Associate of Arts - Liberal Arts major Emphasis (optional): ECE _____ Elem Ed _____ Business Transfer _____
- Associate of Science - Liberal Arts major
- Associate of Applied Science (Major required) _____
- Certificate (Major required) _____

- Selective Admission Programs: Please note that if pursuing one of the below, a separate application may be required:
- Peace Officer Academy (PRECERTBP00) Fire Science Academy (CERTFS13) Nursing (PREAASNU00)
- Radiological Tech (PREAASRT00) Paramedic (PREAASEM05) Surgical Tech (PREAASST02)

I am requesting an ADVISOR change. If changing academic advisor, *the new advisor's signature is required*.
Change to: _____
Student Success Center or Faculty Advisor's Name **Advisor's Signature**

I am requesting a SOCIAL SECURITY NUMBER change. *A copy of your current Social Security Card is required*.
Change from: _____ - _____ - _____ Change to: _____ - _____ - _____
Social Security Number **Social Security Number**

Office Use Only

Received by:
(Stamp and Initial)

Entered by:
(Stamp and Initial)

Residency Reviewed by: _____

Disapproved

Approved for _____ term.

Residency changed from _____ to _____