

INFORMATION CHANGE FORM

Please complete this form, attach any needed documents, and submit to Records@aims.edu for processing.

This form is available in Workday

THIS SECTION MUST BE COMPLETED

Full Student Name: _____ A#: _____

Phone Number: (____) _____ primary?

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

CHECK ALL THAT APPLY

- I am requesting to update my ADDRESS to what is listed above
- I am requesting to change my LEGAL NAME. *Legal documentation is required.*
This may be a court order, marriage license, divorce decree, government-issued ID, driver's license, social security card, or passport.

Current Name: _____
Legal Name-Last, First, Middle

New Name: _____
Legal Name-Last, First, Middle

- I am requesting to update my PREFERRED FIRST NAME. *No documentation required.*

Current First Name: _____

New Preferred First Name: _____

- I am requesting update my ADVISOR. *The new advisor's signature is required.*

New Advisor's Name: _____

New Advisor's Signature: _____

- I am requesting to update my current LEGAL SEX. *Legal documentation is required.*

Previous Legal Sex: _____ New Legal Sex: _____

Student Signature: _____ **Date:** _____

Please note that the submission of this document will not affect your current program of study or your current residency status in any way.

REGISTRATION AND RECORDS USE ONLY

- Approved
 Denied

Signature: Registrar or Designee Date

Received	Entered
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Revised 04/2022