

Request for Change in Records

Stockton _____ Modesto _____ _____ Student _____ Faculty _____ Staff _____

NAME: _____ SS# XXX-XX-_____ ID# _____

Please make the following changes in my records: (Mark the appropriate box)

() NAME CHANGE

(Student must present formal documentation, i.e. marriage or driver's license)

(HU employee—please attached copy of i.e. Marriage or Driver's License)

New

Previous

() ADDRESS CHANGE

New

Previous

() TELEPHONE CHANGE (Home, Work, Cell)

New

Previous

() EMAIL

New

Previous

() CHANGE OF COURSE OF STUDY

New

Previous

Major/ Degree

Major/ Degree

I certify that the information on this request is complete and correct to the best of my knowledge.

SIGNATURE

DATE

FOR OFFICE USE ONLY

(DOUBLE MAJORS MUST BE AUTHORIZED BY DEAN OF INSTRUCTION_____)

Please initial and circulate:

ID#_____

STUDENTS:

Registrar's Office:

___ Computer

___ File

Financial Aid:

___ File

STAFF:

___ Dean of Administration:

FACULTY:

___ Faculty Office

STAFF/FACULTY:

___ Fiscal Office (Payroll)

**STUDENTS—FILED IN REGISTRAR
(PAYROLL)**

FACULTY & STAFF—FILED IN FISCAL OFFICE