



UPDATE/CHANGE INFORMATION

Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

| | |
|---|---|
| Indicate Changes: <input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address/Phone Number | Last Name _____ Name _____ M. _____ |
| | Student ID/Social Security Number _____ Date of Birth _____ |

Name

New Name: _____
Last First M.

Old Name: _____
Last First M.

An individual's full legal name is required for official records at the College. A name change request MUST be supported by legal documentation (i.e., Social Security card, marriage certificate, dissolution or divorce decree, court order, or a driver's license).

Social Security Number

New Social Security Number: _____
xxx-xx-xxxx

Old Social Security Number: _____
xxx-xx-xxxx

Please ATTACH copy of your Social Security card as verification of your correct number.

Address/Phone Number

New Address _____
PO Box/Street Address City Zip Code

Work Phone Number: _____
(xxx)xxx-xxxx

Home Phone Number: _____
(xxx)xxx-xxxx

Student's Signature: _____ **Date:** _____

Registration Office Signature: _____ **Date:** _____

Return completed form to Office of the Registrar