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:	Last Name	Name	M.
☐ Name ☐ Social Security Number ☐ Address/Phone Number	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 Signature: _____ Date: _____

Registration Office Signature: _____ Date: _____

Return completed form to Office of the Registrar