



CHANGE OF PERSONAL INFORMATION FORM

Please submit this completed form to the Student Services Office for processing

Information Change:

- Name** (must be accompanied with legal documentation such as; copy of Marriage License or Divorce Decree showing name change)
- Address**
- Phone Number**
- Other** _____ (please specify)

Effective Date: _____ **Student Id:** _____

Name: _____

Former Name: _____

Address: _____

Street

City

State

Zip Code

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email Address: _____

We require you to use your Argosy standard e-mail address for all official communications with the University.

Student Status: Applicant Current Student Withdrawn Student Alumni Other

Student Signature

Date

Office Use Only:

Input Change in SIS. Date: _____ Initials: _____

File original in student's academic file when all input is complete.