

Biographical Information Change Form

Adams Campus 401 North Main Street Adams, WI 53910

Marshfield Campus 2600 West Fifth Street Marshfield, WI 54449 Stevens Point Campus 1001 Centerpoint Drive Stevens Point, WI 54481 Wisconsin Rapids Campus 500 32nd Street North Wisconsin Rapids, WI 54494

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INSTRUCTIONS

- A. Name Change Complete Sections 1 & 2 & 3
- B. Address Change Complete Sections 1 & 4
- C. Phone Number Change Complete Sections 1 & 5

SECTION 1 – STUDENT INDENTIFICATION

Name:

Student ID Number:

SECTION 2 – PREFERRED NAME

Legal Name:

Preferred Name:

SECTION 3 - NAME OR SOCIAL SECURITY NUMBER CHANGE

To complete a name or social security number change, a social security card and driver's license or affidavit representing the official name change must be shown as proof of identity.

Previous Name:	New Name:
Previous Social Security Number:	New Social Security Number:

Office Use Only:

List documents viewed and verified.

Employee Signature:

SECTION 4 – ADDRESS CHANGE

To complete an address change a document must be submitted providing proof of the address change (i.e. utility bill, driver's license, rental agreement, tax bill).					
Previous Address:	City:		State:	Zip:	
New Address:	City:	City:		Zip:	
Effective Date:					
SECTION 5 – PHONE NUMBER CHANGE					
Previous Phone Number:	Home	Home Cell Work			
New Phone Number:	Home Cell Work				
Effective Date					
Student Signature:	Date:				
OFFICE USE ONLY					
Date Received:	Received	Received By:			
Date Recorded in System:	Recorded	Recorded By:			

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