



PERSONAL DATA CHANGE FORM

Submit to the Registration Office

SITE: Fort Steilacoom

Puyallup

Fort Lewis

McChord

COMPLETELY FILL IN THIS PORTION OF THE CHANGE FORM

STUDENT ID #	LAST NAME	FIRST NAME	MI
BIRTHDATE (MM/DD/YYYY)	DAY PHONE #	LAST QUARTER ATTENDED: <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING YEAR _____	CURRENTLY ENROLLED <input type="checkbox"/> YES <input type="checkbox"/> NO

FILL IN ONLY THE SECTIONS THAT NEED TO BE CHANGED

*LAST NAME	FIRST NAME	MI	Check this box if you do not want your student email updated to the new name. <input type="checkbox"/>	Shaded Area for Office Use ONLY Date Received: _____ Change Completed <input type="checkbox"/> Comment in SM4015 <input type="checkbox"/> Contact HelpDesk for Email Update <input type="checkbox"/> Initials/Date _____ Final Check/Clean up: (Initials/Date) _____	
*Name Change: Both Driver's License and SS Card showing new name, or marriage/divorce docs, passport or certified court docs.					
DAY PHONE #	EVENING PHONE #	BIRTHDATE (MM/DD/YYYY)			
STREET ADDRESS		CITY	STATE		ZIP
SOCIAL SECURITY NUMBER*		OTHER/MISCELLANEOUS CHANGE (Please be specific)			
*Requires SSN Card					
Student's Signature (REQUIRED) _____			Date _____		
<p>Note: All data changes require picture identification in addition to supporting legal documentation.</p> <p>Citizenship Change: Naturalization Certificate, Green Card/Permanent Resident Card, etc.</p>					