



Student Data Change Form

NAME:	STUDENT ID:
(Circle One): Undergraduate Graduate	(Circle Site): Dover DAFB New Castle Brandywine Georgetown Graduate Center

Data Changes

<p style="text-align: center;">Name Change</p> <p style="font-size: small;">(To change the name, student must present documentation: driver's license, marriage certificate, or divorce decree; attach copies to this form).</p> <p>New Name:</p> <p style="text-align: center;"> _____ First M. Last </p>	<p style="text-align: center;">Social Security Number Change</p> <p style="font-size: small;">(To change social security number, student must present social security card and driver's license; attach copies to this form).</p> <p>New Number: _____ - _____ - _____</p>
<p style="text-align: center;">Telephone Number Change(s)</p> <p>New number (HOME): () _____</p> <p>New number (WORK): () _____</p> <p>New number (CELL): () _____</p>	<p style="text-align: center;">Address Change(s)</p> <p>New Address: (Circle all that apply)</p> <p style="text-align: center;"> <input type="checkbox"/> Billing <input type="checkbox"/> Mailing <input type="checkbox"/> Diploma/Graduation </p> <p>Street Line 1: _____</p> <p>Street Line 2: _____</p> <p>City: _____ State: _____ Zip: _____</p>
<p>Email change(s)</p> <p>Personal:</p>	<p>Work email:</p>
<p>Return Completed Form to the Office of the Registrar – New Castle Campus</p> <p>FAX: (302) 328-8907 / Email: registrar@wilmu.edu</p>	