CHANGE OF INFORMATION REQUEST

OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ◦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ◦ (803) 536-7185 ◦ FAX: (803) 536-8602

NAME ______________________________________ E-mail address _____________________________

CAMPUS WIDE ID ____________________________

Currently Enrolled? ____YES ____NO

INSTRUCTIONS: Please complete the appropriate block(s) and provide original materials for documenting your request.

[ ] ADDRESS CHANGE: [ ] ALL ADDRESSES [ ] LOCAL [ ] MAILING [ ] PERMANENT

Your Residence Hall is not considered a permanent address and changing your address does not declare instate residency.

New Address
Street/Box No. Apt. No.
City State ZIP

[ ] TELEPHONE NUMBER CHANGE

New Number (______) ______________________________________________

[ ] Remove all addresses other than [✓] checked one above.

[ ] NAME CHANGE - Name changes will be made only when the student provides a copy of a changed Social Security Card, Driver's License and Marriage Certificate or Court-Ordered Name Change/Divorce Decree.

Change FROM ______________________________________________________

Last       First                         MI

Change TO ______________________________________________________

Last       First                         MI

[ ] SOCIAL SECURITY NUMBER CHANGE - You must provide your original Social Security Card and Driver’s License/Photo Identification as supporting evidence.

Incorrect Number _____ _____ _____ -_____ _____ - _____ _____ _____ _____

CORRECT NUMBER _____ _____ _____ -_____ _____ - _____ _____ _____ _____

FOR OFFICE USE ONLY

Date Change/Correction Made ______________________ By _____________________________

RETURN FORM TO THE OFFICE OF THE REGISTRAR