

STUDENT DATA CHANGE REQUEST FORM

**Records Office
Angelina College
PO Box 1768
Lufkin, TX 75902-1768
Phone: 936-633-5211
Fax: 936-633-3206**

Student Name _____ Date: _____

SSN _____ Phone: _____

Name Change:

Name Changed To _____
(student must provide proof of name change)

Name Change Reason: _____
(Marriage, Divorce, Legal Reasons)

Address Change:

Address Changed To _____
Street or Box City State Zip
(students must provide proof of address change)

County _____
(county where new address is located)

Major Change: New Major _____

If you are changing your name or address, your request cannot be processed unless you submit documentation of the change such as legal documents, Texas DL, or copies of bills. Please fax or mail all items along with your data change request.

STUDENT SIGNATURE _____ **DATE** _____