

# STUDENT DATA CHANGE REQUEST FORM

ANGELINA COLLEGE  
RECORDS OFFICE  
PO Box 1768  
Lufkin, TX 75902-1768  
Phone: 936-633-5210  
Fax: 936-633-3206

Student Name \_\_\_\_\_ SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Student ID# \_\_\_\_\_ 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  
(Student must provide proof of address change.)

County \_\_\_\_\_  
(county where new address is located.)

## ***Major Change:***

Associate Degree       Certificate

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 \_\_\_\_\_