



# STUDENT DATA CHANGE

Return completed form to:  
ANGELINA COLLEGE OFFICE OF THE REGISTRAR  
PO Box 1768, Lufkin, TX 75902  
Phone: (936) 633-5210 Fax: (936) 633-3206  
Email: documents@angelina.edu

- Name and address changes will not be processed without documentation of change such as legal document, Texas DL, copy of lease, etc.

SSN or Student ID#: \_\_\_\_\_

Name : \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

## ***Name Change:***

Name Changed To: \_\_\_\_\_  
(Student must provide proof of name change)

Name Change Reason: \_\_\_\_\_  
(Marriage, Divorce, Legal Reasons)

## ***Address Change:***

Change Permanent Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ Both \_\_\_\_\_

Address Changed To: \_\_\_\_\_  
Street or Box

\_\_\_\_\_  
City State Zip County

**Student must provide proof of address change.**

## ***Major Change:***

Associate Degree  Certificate

New Major: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_