



**AUBURN UNIVERSITY
AT MONTGOMERY**

The Office of the Registrar

P.O. Box 244023 Montgomery, AL 36124

Phone: (334) 244-3125

Fax: (334) 244-3993

Change in Student Information

PRINT your information as it *currently* appears on your student record.

NAME: _____
Last First Middle

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____

COMPLETE ALL THAT APPLY

PART 1 - NAME CHANGE (Marriage Certificate, Divorce Decree, or other Government Document **MUST** be provided)

NEW NAME: _____
Last First Middle

PART 2 - ADDRESS/TELEPHONE CHANGE

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ - _____

PART 3 - SOCIAL SECURITY NUMBER CHANGE OR CORRECTION (Social Security Card **MUST** be submitted in person at the Registrar's Office)

Please check box indicating you wish to update your Social Security number.

I authorize Auburn University at Montgomery to make the requested changes to my student record.

Student Signature: _____ Date: _____

Banner Processed by: _____ Date: _____