



**AUBURN UNIVERSITY
AT MONTGOMERY**

Registrar's Office

P.O. Box 244023
Montgomery, AL 36124
Phone: (334) 244-3125 Fax: (334) 244-3993

Change in Student Information

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

NAME: _____
Last First Middle

STUDENT ID NUMBER: **S** _____ 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 Code: _____

Telephone Number (with Area Code): _____

PART 3 – SOCIAL SECURITY NUMBER CHANGE OR CORRECTION

(Social Security Card **MUST** be submitted in person to 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: _____