



CHANGE IN RECORDS FORM

ID #: _____

Name: _____	Date: _____
SVC Box #: _____	Social Security #: _____
_____ Signature	

A. CHANGE OF ADDRESS

Old Address: _____ _____ _____	New Address: _____ _____ _____
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Does this address apply to your parents or siblings? If so, please list their names:

B. OTHER CHANGES IN RECORDS:

To change a crosslisted course on a transcript to the other crosslisted number
 (e.g. Psychology of Religion from RS 212 to PY 112)
 To make corrections in records (e.g. to correct a Social Security Number)
 To make other corrections or acceptable changes (except changes in grade point averages)
 Please explain what changes you would like to have made, and your reason why:
