

REGISTRAR'S OFFICE
GRAMBLING STATE UNIVERSITY
P. O. Box 589
Grambling, LA 71245

STUDENT DATA CHANGE FORM

Name (Please Print)

SOCIAL SECURITY NUMBER

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Last Name

First Name

Middle/Maiden

ADDRESS CHANGE

Circle Address(es) to be changed: Permanent Local Guardian

NEW ADDRESS:

P. O. Box or Street

City

State

Zip Code

Local Telephone Number

Permanent Telephone Number

NAME CHANGE

(Legal document must be submitted before this change can be made
Exception: Spelling error)

FROM:

Last Name

First

Middle

Maiden

TO:

Last Name

First

Middle

Maiden

PERSONAL DATA CHANGE

CLASSIFICATION DATE OF BIRTH SEX RACE

SOCIAL SECURITY NUMBER CHANGE

(Copy of Social Security Card must accompany this change)

CHANGE FROM: CHANGE TO:

SIGNATURE OF STUDENT: DATE:

*****OFFICE USE ONLY*****

RECEIVED BY: DATE PROCESSED PROCESSED BY:

Revised 01/03/08 PJH