



OFFICE OF THE REGISTRAR  
P.O. Box 589, Grambling, La 71245

### STUDENT DATA CHANGE FORM

Student ID Number								OR	Social Security Number								
G											-			-			
Last Name								First Name								MI	

Complete the appropriate section below. Submit this form along with the REQUIRED supporting documentation to the Office of the Registrar via email at [registrar@gram.edu](mailto:registrar@gram.edu), by fax at 318-274-2777 or mail to P. O. Box 589, Grambling, LA 71245.

#### ADDRESS/ TELEPHONE NUMBER CHANGE

(Valid picture ID)

NEW ADDRESS

Check one: ☐ Permanent ☐ Local ☐ Guardian

P.O. Box or Street

City

State

Zip Code

NEW TELEPHONE NUMBER: \_\_\_\_\_

#### NAME CORRECTION/ CHANGE

(Valid picture ID and one of the following: marriage license, birth certificate, divorce decree, or official court documentation)

FROM: \_\_\_\_\_

Last

First

Middle

Maiden

TO: \_\_\_\_\_

Last

First

Middle

Maiden

#### SOCIAL SECURITY NUMBER CHANGE

(Valid picture ID and Social Security Card)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

#### PERSONAL DATA CHANGE

(Valid picture ID and birth certificate or official court documentation)

Check one: ☐ Date of Birth ☐ SEX ☐ RACE ☐ CLASSIFICATION

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

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

#### FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_  
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