

Augustana Official Information Change Form for an individual

Student ID# _____

Current information as it appears at Augustana, sign and submit to: The Office of the Registrar, Founders Hall, Augustana College, Rock Island IL 61201

Current Last Name _____ First _____ Middle _____

Current Address: Street _____

City State Zip _____ Phone (_____) _____

Current status with the college: currently enrolled student returning student former student prospective student
 alumni/graduate employee friend of the college

Release directory information: This information may be included in the college directory (p. 45-46 Handbook) (name, local & home address, mailbox, home numbers, parent's name/addresses, date & place of birth, dates of attendance, major, faculty advisor, academic class, previous institutions, awards, honors, and degrees, sports participation, and physical factors.)
 Yes, you may release my directory information
 No, do not release my directory information
(by selecting "NO" to withhold directory information you will not have Dean's List or academic award information released to your local media.)

Change of name (must provide legal document for verification: SS card, driver's license, marriage license, etc.)

NEW NAME: Last _____ First _____ Middle _____

Reason for change: marriage (date: _____) divorce widowed other: _____

Change of address

My local address status is: Commuter released for off-campus independent student I live in campus housing

NEW ADDRESS:

Street _____

City _____ State _____ Zip _____

This change is for: my own local parental address change for both parents billing off-campus
 secondary (non-custodial parent) mother only father only other: _____

Change of phone number

NEW Phone number: (_____) _____

This change is for: local/off-campus number cell parental phone for both parents mother only
 father only secondary (non-custodial parent) other: _____

Change of Social Security Number (must provide original SS card, no copies)

NEW Social Security Number _____ - _____ - _____ OLD SS# _____ - _____ - _____

Change is to: correct a clerical error issued new number by government
 other: _____

E-mail change: New e-mail: _____ Previous e-mail: _____

NOTE: For Non-Augustana E-mail only. For changes to your Augustana e-mail account see the ITS Helpdesk in the Olin Center.

Deceased (requires death certificate to confirm permanent record change)

Date of death: _____ reported by: _____

Individual Statement verification:

I attest that the change of information I have provided here Augustana College is accurate and truthful to the best of my knowledge.

Signature of Individual (or Augustana employee if prospective student or alumni)

date

FOR OFFICE USE ONLY: Office receiving form _____ date: _____

CAMPUS ROUTING:

- Current student – Office of the Registrar (Founders Hall)
- Returning student (planning to return to campus) – Admissions (Seminary Hall)
- Former student (not enrolled or returning) – Alumni Office
- Alumni/graduate of the College – Alumni Office (Sorensen Hall)
- Employee – Human Resources (Sorensen Hall)
- Friend – Alumni Office (Sorensen Hall)
- Notes/Comments