

WEST LIBERTY UNIVERSITY

DATA CHANGE REQUEST FORM

Instructions: Complete all requested information in Section I. Complete each additional section applicable to current request(s). Return form to Office of the Registrar.

(Section I)				
Name				Or Just ID No.
Name	(Last, First	st, Middle or Maio	iden)	Student ID No. Home Phone
Control Poto				Home Phone
Expected Graduation Date	<u>(N)</u>	Month/Year)		Cell Phone
				Date
				
	(Student signatur	re required tor p	processing)	
(Section II)				
			NAME CHANGE	,
New Name (Last, First, Midd	idle or Maiden)			
Reason for Change				Substantiating Document
A substantiating document is	required such as:	: Divorce Decre	эе, Marriage Certificate, С	Court Order before any records will be officially changed.
(Section III)	Permane	ent Home Addre		☐ Mailing Address
			ress Change of Addre	
			/IAIGE C.	200
Street				
City	County	State	Zip Code	Phone (Area Code)
_	Ounty	Ο ιαιο	ZIP 0000	FIIUIIE (MIEG OUGE)
(Section IV)		М	MAJOR/MINOR CHAI	NGE
Change of Major from			to	
Change of Minor from				
Change of Degree from			to	
Change catalog term to				
(Section V)		(CHANGE OF ADVIS	SOR
Change of Advisor from			to	
			OFFICE USE ONLY	,
Date Substantiating Docum	ments Received/Ir	nitial		Change(s) Completed/Initial