



Student Services
800 College Court
New Bern, NC 28562
252-638-7200

Change of Information Form

For Office Use Only

Date changed: _____

Changed by: _____

Student ID#: _____

Name: _____
Last First Middle

Please complete ONLY the sections below that apply.

Address Change:

Former Address: _____
Address City State Zip

Current Address: _____
Address City State Zip

Phone Number Change:

Home: _____

Work: _____

Cell: _____

Name Change:

Former Name: _____
Last First Middle/Maiden

Current Name: _____
Last First Middle/Maiden

Social Security Number Change: (A Social Security card must be presented to have this number changed.)

Former SSN: _____

Current SSN: _____

Student Signature: _____

Date: _____