

Are you a current Delgado employee? Yes\_\_\_\_ No \_\_\_\_



**CHANGE OF PERSONAL INFORMATION**

*(Please Print)*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student College-Wide ID#: \_\_\_\_\_

1. **Date of Birth:** From: \_\_\_\_\_ To: \_\_\_\_\_ (attach documentation)

2. **Gender:** From: \_\_\_\_\_ To: \_\_\_\_\_ (attach documentation)

3. **Correction of Social Security Number:**

From: \_\_\_\_\_ To: \_\_\_\_\_ (attach documentation)

4. **Name Change:** If yes, attach official document.

From: \_\_\_\_\_ To: \_\_\_\_\_  
Last First Middle Last First Middle

Reason for Change of Name: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_

5. **Change Address to:** \_\_\_\_\_  
Number and Street City State Zip

Check Type of Address: \_\_\_\_\_ Permanent (P)  
\_\_\_\_\_ Billing (B)  
\_\_\_\_\_ Local (L)  
\_\_\_\_\_ Next of Kin (K)

6. **Change Phone Number to:** \_\_\_\_\_

Please specify any changes in the following:

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*NOTE:** I understand that if I am changing my name, it is my responsibility to notify my instructor(s) of such change.