

CHANGE OF PERSONAL INFORMATION FORM

COMPLETE ALL INFORMATION REQUESTED: DATE _____

PREVIOUS NAME: _____
PRINT LEGIBLY

CURRENT NAME: _____
PRINT LEGIBLY

STUDENT ID # _____ BIRTHDATE: _____

OLD ADDRESS: _____
STREET

CITY STATE ZIP CODE

NEW ADDRESS: _____
STREET

CITY STATE ZIP CODE

HOME PHONE : _____ CELL PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

FAX TO: 812-749-1511 OR MAIL TO: ACADEMIC AFFAIRS, OAKLAND CITY
UNIVERSITY, 138 N. LUCRETIA ST., OAKLAND CITY, IN 47660

_____ FOR OFFICE USE ONLY _____

REQUEST ORIGINATED STAFF NAME _____ DATE _____
ENTERED INTO CAMS STAFF NAME _____ DATE _____

1.14.09 bb