



Office of the Registrar Student Information Correction Form

Please type your information. Once you have completed the form, print this document and sign the form. You may hand deliver or mail this form with a copy of your Social Security Card reflecting the name change. Your Social Security Card is the only documentation accepted.

Full Legal Name: _____

Campus ID #: _____

Current Phone #: _____

Semester Last Enrolled: _____

Please change/correct my (check the appropriate box below):

<input type="checkbox"/> Name
From: _____
To: _____

<input type="checkbox"/> Social Security Number
From: _____ - _____ - _____
To: _____ - _____ - _____

Signature (required): _____ Date: _____

You may hand deliver, mail, or fax this to the Office of the Registrar:

Telephone: (325) 942-2043
Fax: (325) 942-2553

Physical Address: Angelo State University
Office of the Registrar
Hardeman Building, RM 200

Mailing Address: Angelo State University
Office of the Registrar
ASU Station #10898
San Angelo, TX 76909-0898