



Office of the Registrar

Student Information Correction Form

Mailing Address

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

Tel. (325) 942-2043

Physical Address

Angelo State University
Office of the Registrar
Hardeman Bldg, RM 101

Fax (325) 942-2553

Full Legal Name: _____

Campus ID #: _____

Current Phone #: _____

Semester Last Enrolled: _____

Please Change/Correct my *(check a box below)* :

Name

Social Security Number

From: _____

From: - -

To: _____

To: - -

Reason:

By signing this form, I acknowledge that there might be a question concerning this change/correction of record and agree to provide legal documentation which authorized this change.

Signature *(required)* : _____ Date: _____