

CHANGE OF STUDENT INFORMATION



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Email: gradschool@calu.edu

Name _____
Last First MI

Campus Wide ID : _____

Please change my university record as indicated below. Mark the appropriate line:

Name: _____ SS# _____ Permanent Address: _____ Local Address: _____

.....
Name Change:

My new name is: _____

Note: If the name change is a due to marriage, no documentation is required, otherwise, a copy of the court order legalizing the change must accompany this form.

Effective date of change: _____

.....
Address:

Permanent: _____ Local: _____

Street Address

City State Zip Phone Number

.....
Social Security

Number Change: Change the student number: _____

The Social Security card must To the Social Security Number: _____
be presented to effect this change.

Change the incorrect SS# to: _____

.....
Student's Signature: _____