



LAWRENCEVILLE ALPHARETTA-NORTH FULTON

STUDENT INFORMATION CHANGE FORM

Photo identification and supporting documentation are required in order for this form to be processed.

DATA AS IT CURRENTLY EXISTS IN STUDENT RECORD (BANNER):

Student ID Number: _____ Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

COMPLETE ONLY THE INFORMATION TO BE CHANGED.

CHANGE OF NAME - must submit a valid driver's license/state id and one legal verification form of name change (Acceptable documents include - marriage license, divorce decree, legal name change by court order, birth certificate or Social Security card)

New Name:

Last: _____ First: _____ Middle: _____

CHANGE OF SOCIAL SECURITY NUMBER - must submit valid driver's license/state id and Social Security Card

Updated Social Security Number: _____

CHANGE OF DATE OF BIRTH – must submit valid driver's license/state id and birth certificate or U.S passport

Updated Date of Birth: _____

CHANGE OF ADDRESS/PHONE/EMAIL -

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____

Home: _____ Cell: _____ Email: _____

Initial

I have verified that the changes I wish to make above match the SS# and birthdate listed on my FAFSA, if applicable.

Student Signature: _____ **Date:** _____

Updated Information will be corrected in 72 business hours. Please check your BANNER account after that time.

For staff use only:

	RNANA__ for current aid year matches new DOB and SS#.		
	Copies attached: <input type="checkbox"/> SS Card, <input type="checkbox"/> DL/State ID, <input type="checkbox"/> Birth Certificate/Passport, <input type="checkbox"/> Legal Doc for Verification of Name Change.		
	Registrar Office staff notified IT of student's new Active Directory Profile Information		
	ID Verified by: _____	Processed by: _____	Date: _____