



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

STUDENT INFORMATION CORRECTION FORM

Please print or type all of the following information

Student Name _____ I.D./S.S. No. _____

I. IDENTIFICATION/SOCIAL SECURITY NUMBER CHANGE

Number as it appears on records now: _____

Change all documentation to this number: _____

Reason for change: _____

II. OFFICIAL NAME CHANGE

Name as it appears on records now: _____

Change all documentation to this name: _____

Reason for change: _____

(Driver's License or State Issued I.D. must be supplied)

III. MAILING ADDRESS/PHONE NUMBER CHANGE

Change all documentation to reflect my present address

(Street address, P.O. Box, Rural Route, Etc.)

(City)

(State)

(Zip)

(County)

Home Phone Number: (_____) _____ Cell Phone Number (_____) _____

Personal e-Mail Address: _____

(Please note: personal email accounts will only be used as secondary contacts. All campus announcements and instructor emails will be sent to your UACCM email account.)

Signature: _____ Date: _____

Processed By: _____ Date: _____

(Registrar's Office)