

# Augustana Official Information Change Form for an individual

Student ID# \_\_\_\_\_

Current information as it appears at Augustana, sign and submit to: The Office of the Registrar, Founders Hall, Augustana College, Rock Island IL 61201

Current Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Current Address: Street \_\_\_\_\_

City State Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Current status with the college:  currently enrolled student  returning student  former student  prospective student  
 alumni/graduate  employee  friend of the college

**Release directory information:** This information may be included in the college directory (p. 45-46 Handbook) (name, local & home address, mailbox, home numbers, parent's name/addresses, date & place of birth, dates of attendance, major, faculty advisor, academic class, previous institutions, awards, honors, and degrees, sports participation, and physical factors.)

Yes, you may release my directory information

No, do not release my directory information

(by selecting "NO" to withhold directory information you will not have Dean's List information released to your local media.)

**Change of name** (must provide legal document for verification: SS card, driver's license, marriage license, etc.)

NEW NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Reason for change:  marriage (date: \_\_\_\_\_)  divorce  widowed  other: \_\_\_\_\_

**Change of address**

My local address status is:  Commuter  released for off-campus  independent student  I live in campus housing

NEW ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This change is for:  my own local  parental address change for both parents  billing  off-campus  
 secondary (non-custodial parent)  mother only  father only  other: \_\_\_\_\_

**Change of phone number**

NEW Phone number: (\_\_\_\_\_) \_\_\_\_\_

This change is for:  local/off-campus number  cell  parental phone for both parents  mother only  
 father only  secondary (non-custodial parent)  other: \_\_\_\_\_

**Change of Social Security Number** (must provide original SS card, no copies)

NEW Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OLD SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Change is to:  correct a clerical error  issued new number by government

other: \_\_\_\_\_

**E-mail change:** New e-mail: \_\_\_\_\_ Previous e-mail: \_\_\_\_\_

**NOTE: For Non-Augustana E-mail only. For changes to your Augustana e-mail account contact the ITS Helpdesk.**

**Deceased** (requires death certificate to confirm permanent record change)

Date of death: \_\_\_\_\_ reported by: \_\_\_\_\_

## Individual Statement verification:

I attest that the change of information I have provided here Augustana College is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual (or Augustana employee if prospective student or alumni)

\_\_\_\_\_  
date

**FOR OFFICE USE ONLY:** Office receiving form \_\_\_\_\_ date: \_\_\_\_\_

**CAMPUS ROUTING:**

- Current student – Office of the Registrar (Founders Hall)
- Returning student (planning to return to campus) – Admissions (Seminary Hall)
- Former student (not enrolled or returning) – Alumni Office
- Alumni/graduate of the College – Alumni Office (Sorensen Hall)
- Employee – Human Resources (Sorensen Hall)
- Friend – Alumni Office (Sorensen Hall)
- Notes/Comments