

# UNIVERSITY OF INDIANAPOLIS

OFFICE OF THE REGISTRAR

## CHANGE OF INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_ Date \_\_\_\_\_

*All University employees MUST change name, SSN and/or address through HR, Esch 044*

**\*\*ONLY COMPLETE THE INFORMATION THAT NEEDS TO BE CHANGED\*\***

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

SSN \_\_\_\_\_

Change of name and/or SSN requires a copy of legal  
documentation (SSN card, driver's license, passport, etc.)

Address \_\_\_\_\_  
Street City State Zip Code

For address, choose one: ☐ Permanent ☐ Local

Phone \_\_\_\_\_

For phone, choose one: ☐ Permanent ☐ Cell Phone

### Office Use Only

Processed by \_\_\_\_\_

Date \_\_\_\_\_