

# STUDENT CHANGE OF INFORMATION FORM

Submit to the Enrollment Center in Building 2, room 200

Fill out top portion completely – **PLEASE PRINT**

Name \_\_\_\_\_  
(as shown on our records) Last First Middle

Social Security or ID Number \_\_\_\_\_  
(as it appears on our records)

**SHOW BELOW HOW YOU WISH OUR RECORDS TO READ**

**PLEASE PRINT**

**NEW** Social Security Number \_\_\_\_\_

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

Complete Mailing Address \_\_\_\_\_  
Number and Street (P.O. Box, Route & Box Number) N.E., S.E. , Apt. #

\_\_\_\_\_  
CITY STATE COUNTY ZIP

Telephone: DAY (\_\_\_\_\_) \_\_\_\_\_ EVE (\_\_\_\_\_) \_\_\_\_\_ Unlisted  
No Phone

E-Mail Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please allow 24 hours for changes to appear in My Chemeketa. Use previous User Name and Password until that time.)

**Staff: If EMPLOYEE box is checked in GUASYST, please refer to HR for processing**