

Name/Identification Change Form



Send to: Office of the Registrar, PO Box 1570, State University, AR 72467

Name: _____

Change to (if applicable): _____

Must supply copy of both new DL and SS card OR Marriage/Divorce Decree

ID/SS Number: _____

Change to (if applicable): _____

Must supply a copy of new SS card

To update your **Address, Telephone Number** or **Emergency Contacts**, please login to your account on the Arkansas State University website and make these changes using the Self Service system.

IMPORTANT: *This form must include your signature!*

Student Signature: _____ Date: _____

For Office Use Only

Date Received: _____

Processed by: _____