

Student Information Changes

Student ID: _____ Name: _____ Date of Birth: _____
7-digit student id Last, First, MI

TWU E-mail: _____ Alt e-mail: _____

Currently enrolled: ___Y ___N If not, last date of enrollment: _____

***A copy of your government issued photo ID must be included with this form submission.**

Student Signature

Date

*If digitally signed, this form must be submitted from your TWU e-mail address.

Only complete the sections pertaining to your current update request.

_____ Name Change

Reason: _____

Former name: _____

New name: _____

****For a name change you must also include either a copy of your signed Social Security card with the first 5 (five) digits redacted or a copy of your court issued final order of name change. For security reasons, any e-mail including your full SSN will be rejected by the TWU e-mail system and will not reach our office.**

_____ Personal Information Change

Phone number: _____ Alt phone: _____

Mailing address: _____
Street number and name City State Zip

Permanent address: _____
Street number and name City State Zip

Date of Birth correction: _____ Driver's License Correction: State: _____ License # _____

Gender change: From: _____ To: _____

Secondary E-mail Address: _____

_____ Emergency Contact change

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Alt phone: _____

Emergency Contact Address: _____
Street number and name City State Zip

Contact for Missing Person: ___Yes ___No *Additional emergency contacts may be added by submitting additional forms.