

St. Thomas Aquinas College  
Office of the Registrar  
Change of Information Form

*Directions:*

*Complete the attached form with your new information. Please note: Change of name requires legal proof supporting the change and must be submitted in person at the Registrar's Office.*

---

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
LNAME FNAME M.I.

Student I.D. Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

---

**CHANGE OF NAME:**

Previous Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

---

**CHANGE OF ADDRESS/PHONE NUMBER:**

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Phone #: \_\_\_\_\_

\_\_\_\_\_

**New Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Phone #:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

---

Received: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting Documents: \_\_\_\_\_