



DATA CHANGE FORM (please print)



Student Information:

Student Last Name _____ First Name _____ Middle Initial _____

Student ID Number _____ Student DOB _____

New Address* _____

City / State / Zip _____

*Proof of Residency **MUST** be provided for address change- present **one item** from Column A **and one item** from Column B

Column A

Non-contingent sales contract/mortgage statement/deed

Current lease/rental agreement

Current homeowner's insurance policy

Column B

Current water bill

Current electric bill

Is your **mailing address** the same as listed above? Yes / No

If not, please provide mailing address: _____

Parent Information: (Only complete IF information needs to be changed)

Parent/Guardian 1 _____ Relationship _____

Current Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian 2 _____ Relationship _____

Current Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____

Emergency/Check out Contact (an ID will be required for check out)

In case of an emergency, parents will be contacted first, then:

1. Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

3. Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Change Requested by: _____

(must be signed by parent or guardian with proper ID)