



STUDENT DATA CHANGE FORM

Student ID Number (G#)								
G								

OR

Social Security Number								

Last Name	First Name	MI

Complete the appropriate section below. Submit this form along with the **REQUIRED** supporting documentation to the Office of the Registrar via email at registrar@gram.edu, by fax at 318-274-2777 or in person to have your student

ADDRESS/ TELEPHONE NUMBER CHANGE

(Valid picture ID)

NEW ADDRESS Check one: Permanent Local Guardian

P.O. Box or Street _____

City _____

State _____

Zip Code _____

NEW TELEPHONE NUMBER: _____

NAME CORRECTION/ CHANGE

(Valid picture ID and one of the following: marriage license, birth certificate, divorce decree, or official court documentation)

FROM: _____

Last

First

Middle

Maiden

TO: _____

Last

First

Middle

Maiden

SOCIAL SECURITY NUMBER CHANGE

(Valid picture ID and Social Security Card)

FROM: _____ **TO:** _____

PERSONAL DATA CHANGE

(Valid picture ID and birth certificate or official court documentation)

Check one: Date of Birth SEX RACE CLASSIFICATION

FROM: _____ **TO:** _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Processed By: _____ Date Processed: _____