WILMINGTON UNIVERSITY

Student Data Change Form

NAME:	**STUDENT ID:**
(Circle One): Undergraduate Graduate	**(Circle Site):** Dover DAFB New Castle Georgetown Graduate Center

Data Changes

Name Change (To change the name, student must present documentation: drivers license, marriage certificate, or divorce decree; attach copies to this form). **New Name:** _____ ____ _____ First M. Last	**Social Security Number Change** (To change social security number, student must present social security card and driver's license; attach copies to this form). **New Number:** _____-_____-_____
Telephone Number Change(s) **New number (HOME):** (___)_____	**Address Change(s)** **New Home Address:**
New number (WORK): (___)_____	**Billing Address:** (If different than above)

Return Completed Form to the Office of the Registrar – New Castle Campus
(302) 328-6188 / FAX: (302) 328-8907

Revised:9/26/2007Office of the Registrar