



OFFICE OF THE REGISTRAR  
2020 East Maple Street  
North Canton, Ohio 44720-3336  
Phone: 330-490-7367  
Fax: 330-490-7372

*For office use only:*

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

\_\_\_\_\_  
Processed By

## CHANGE OF INFORMATION FORM

THE FOLLOWING SECTION MUST BE COMPLETED BEFORE ANY CHANGES WILL BE MADE.

Student Signature		Date	
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Senior       New Student       Current Student       Alumnus

### NEW INFORMATION

Social Security Number	
Last Name	
Surname Suffix (e.g. Jr., III, etc.)	
First Name	
Middle Name	
Street	
City	
State/Zip	
Province/Country	
Telephone Number	

### OLD INFORMATION

Social Security Number	
Last Name (Legal documentation is required)	
Surname Suffix (e.g. Jr., III, etc.)	
First Name	
Middle Name	
Street	
City	
State/Zip	
Province/Country	
Telephone Number	