

Name:	SID:
Previous Name(s):	New Name:
Primary phone:	New Address:
Alternate phone:	City/State/Zip:
Emergency contact:	
Emergency phone:	e-mail address:

I understand that only my Registration and Records information will be changed. Other offices (such as Financial Aid) must be notified separately.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICE USE ONLY: TYPE OF ID:</b> WA Driver License <input type="checkbox"/> WA ID Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		
NAME CHANGE <input type="checkbox"/> SM 4002 <input type="checkbox"/> SM 4016 <input type="checkbox"/> SM 4015 <input type="checkbox"/> Z999 "Name change per (form of ID used)	ADDRESS CHANGE SM4002 <input type="checkbox"/>	E-MAIL ADDRESS <input type="checkbox"/> SM5016 <input type="checkbox"/>
Completed by (full name)	Double check by (full name)	
<b>VAULT:</b> SM5003: NURSING yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	EVAL PENDING yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	
SM5001: Plan to Grad yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	Microfiche yes <input type="checkbox"/> no <input type="checkbox"/>	
Records check: Aperture yes <input type="checkbox"/> no <input type="checkbox"/>	Student File yes <input type="checkbox"/> no <input type="checkbox"/>	
Completed by (full name)	Double check by (full name)	

X:/StudentSrv/R&R/Forms/Registration/StatusChange 9-22-10

Name:	SID:
Previous Name(s):	New Name:
Primary phone:	New Address:
Alternate phone:	City/State/Zip:
Emergency contact:	
Emergency phone:	e-mail address:

I understand that only my Registration and Records information will be changed. Other offices (such as Financial Aid) must be notified separately.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICE USE ONLY: TYPE OF ID:</b> WA Driver License <input type="checkbox"/> WA ID Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		
NAME CHANGE <input type="checkbox"/> SM 4002 <input type="checkbox"/> SM 4016 <input type="checkbox"/> SM 4015 <input type="checkbox"/> Z999 "Name change per (form of ID used)	ADDRESS CHANGE SM4002 <input type="checkbox"/>	E-MAIL ADDRESS <input type="checkbox"/> SM5016 <input type="checkbox"/>
Completed by (full name)	Double check by (full name)	
<b>VAULT:</b> SM5003: NURSING yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	EVAL PENDING yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	
SM5001: Plan to Grad yes <input type="checkbox"/> no <input type="checkbox"/> copy sent <input type="checkbox"/>	Microfiche yes <input type="checkbox"/> no <input type="checkbox"/>	
Records check: Aperture yes <input type="checkbox"/> no <input type="checkbox"/>	Student File yes <input type="checkbox"/> no <input type="checkbox"/>	
Completed by (full name)	Double check by (full name)	

X:/StudentSrv/R&R/Forms/Registration/StatusChange 9-22-10