



ADMISSIONS, RECORDS AND REGISTRATION

Student Name/Identification Change Form

Student Workers and Employees must contact the Office of Human Resources

Send to: Office of Admissions, Records and Registration - P.O. Box 1570, State University, AR 72467 • carma@astate.edu

Name: _____

Change to (if applicable): _____

*Must supply copy of both new Driver's License and Social Security card
OR Marriage/Divorce Decree*

Student ID/Social Security Number: _____

Change to (if applicable): _____

Must supply a copy of new Social Security Card

To update your Address, Telephone Number or Emergency Contacts, please login to your account on the Arkansas State University website and make these changes using the Banner Self-Service system.

IMPORTANT: This form must include your signature.

Student Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Date Processed: _____