

**WESTERN OKLAHOMA STATE COLLEGE**  
**CHANGE OF STUDENT PERSONAL DATA**

**Date:** \_\_\_\_\_

**Initiated by:**      Adm \_\_\_\_\_      BO \_\_\_\_\_      FinAid \_\_\_\_\_

**CORRECT INFORMATION:**

|                        |  |
|------------------------|--|
| Social Security Number |  |
| Date of Birth          |  |
| Full Name              |  |
| Street Address         |  |
| City, State, Zip       |  |
| Telephone Number       |  |

**PREVIOUS INFORMATION:** (Include only information that must be updated.)

|                        |  |
|------------------------|--|
| Social Security Number |  |
| Date of Birth          |  |
| Full Name              |  |
| Street Address         |  |
| City, State, Zip       |  |
| Telephone Number       |  |

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**INITIAL BELOW WHEN CHANGES HAVE BEEN COMPLETED IN YOUR OFFICE:**

|                      |  |
|----------------------|--|
| Admissions Office    |  |
| Business Office      |  |
| Financial Aid Office |  |

**Please return to the Admissions Office when completed.**