

WESTERN OKLAHOMA STATE COLLEGE
CHANGE OF STUDENT PERSONAL DATA

Date: _____

Initiated by: AR _____ BO _____ FA _____ IT _____ PO _____ BS _____

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 & Records Office	
Business Office	
<i>Financial Aid Office</i>	
<i>Information Technology</i>	
<i>Personnel Office</i>	
<i>Book Store</i>	

Please return this paperwork to the Admissions Office when completed.