



Southwest College of Naturopathic Medicine & Health Sciences
Records Change Request

DIRECTIONS:

Please provide the requested Background Information (Section A) and then complete the remaining sections as appropriate. Return to the Registrar's Office.

A. BACKGROUND INFORMATION (All Students)

Name: (Last) _____ (First) _____ (M.I.) _____

Social Security Number ____ - ____ - _____ Date _____

B. CHANGE OF NAME (Note: Requires legal proof and in-person processing)

Previous Name: _____

Current Name: _____

C. CHANGE OF ADDRESS/PHONE NUMBER

Old Address

New Address

Street _____ Street _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Phone # _____ Phone # _____

D. CHANGE OF SOCIAL SECURITY NUMBER (Note: Requires legal proof and in-person processing)

Incorrect S.S.N. ____ - ____ - _____

Correct S.S.N. ____ - ____ - _____

Signature: _____ **Date:** _____

Received By: _____ Date: _____

Action Taken: _____

CC: Library