## OFFICE OF THE REGISTRAR

## STUDENT INFORMATION CHANGE REQUEST

Instructions: This form may be completed and signed digitally by downloading the file to a computer, entering information, saving it, and then attaching it to an email message. Submit completed form to the Registrar's Office at <a href="records@ggu.edu">records@ggu.edu</a>. Note: if changing your legal name, a new GGU-issued email address will be automatically system-generated. To have your email messages from your old address mailbox forwarded to your new address, contact the Help Desk at <a href="help@ggu.edu">help@ggu.edu</a> for assistance.

GGU ID Number Last/Family Na	ame	First/Given Name	
New Information			
Social Security Number:	er: Date of Birth: MM/DD/YYYY		
Last/Family Name	First/Given Na		Middle Name or Initial
	clude proof of new name, such a ☐ Mrs. ☐ Mr. ☐ Mx. ☐ Dr. ☐		:e, court order, etc.
Home Address: Number and Street o	or P.O. Box		Apt. No.
City (Include District if applicable)	State/Province	ZIP/Postal code	Country
Work Address: Number and Street or	r P.O. Box		Suite/Floor. No.
City (Include District if applicable)	State/Province	ZIP/Postal code	Country
Home Telephone Number	Cellular Telephone Number	Work Telephone Nur	 mber
Personal Email Address			
-			
Emergency Contact: Name		Relationship	
	Emergency Contact Email	Relationship	
Name		Relationship	