



The National Hispanic University
14271 Story Road
San Jose, CA 95127

STUDENT INFORMATION CHANGE FORM

Name: _____

Name Change (if applicable): _____

S.S.#: _____

S.S.# Change (if applicable): _____

New Address: _____
(please print legibly) _____

New Telephone # (home): _____
(work): _____
(e-mail): _____

Student Signature: _____

Date: _____

*Name or S.S.# changes must provide verification.

For Office Use Only

RECEIVED BY: _____
(Name) (Department)

DATE: _____

RECEIVED BY (ADMISSIONS/ REGISTRAR'S OFFICE): _____

DATE: _____

INFORMATION CHANGED: Yes _____ No _____ DATE: _____