University of the Virgin Islands
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SPECIALIZING IN FUTURES
HISTORICALLY AMERICAN.
UNIQUELY CARIBBEAN.
GLOBALLY INTERACTIVE.

CHANGE OF STUDENT DATA FORM

Please print your name and social security number as indicated on your current records.

Name: _____ _____
Last First MI Student ID Number

To make changes or corrections, print only the information that requires changing on the left of the form and the correction on the right.

CURRENTLY ON RECORD

Permanent Address

_____
_____
_____
_____

Mailing Address

_____
_____
_____
_____

Telephone Number

(___) _____-_____
Home

(___) _____-_____
Work

NEW/CORRECTION

Permanent Address

_____
_____
_____
_____

Mailing Address

_____
_____
_____
_____

Telephone Number

(___) _____-_____
Home

(___) _____-_____
Work

Change of Name

Last	First	MI

Change of Marital Status

Last	First	MI

I declare that the above information is true and correct to the best of my knowledge.

Documentation Required

Copy of Marriage Certificate

Legal Name Change Affidavit

Student's Signature_____ Date_____