



**University of Massachusetts Lowell**  
 Enrollment Services/ Continuing Studies and Corporate Education  
 Dugan Hall, Room 102  
 883 Broadway Street, Lowell, MA 01854-5104  
 Phone: (978) 934-2480  
 Fax: (978) 934-4076  
 Email: [Continuing\\_Education@uml.edu](mailto:Continuing_Education@uml.edu)  
 Website: <http://continuinged.uml.edu>

# Student Information Change Form

Student ID Number:    -   -     Date Submitted:   -   -      
M M D D Y Y Y Y

**Note to Student:** Students should fill out and sign the Student Information Change form and mail, fax or come in to CSCE with the form and two types of identification. We will accept a driver's license and a social security card (or a passport). A court document verifying a change of last name is also required.

Copy of Driver's License and Social Security Card or Passport  Court Document for Name Change

**Previous:**  Name  Student ID/SSN  Telephone  
 Billing Address  Local Address  Permanent Address  Email Address

OLD Student ID Number:    -   -

Last Name:  M.I.:  First Name:

Phone #:    -    -     Email Address:  @

Address:

City:  State:  Zip:     -

**Change To:**  Name  Student ID/SSN  Telephone  
 Billing Address  Local Address  Permanent Address  Email Address

CORRECT Student ID Number:    -   -

Phone #:    -    -     Email Address:  @

Last Name:  M.I.:  First Name:

Address:

City:  State:  Zip:     -

Student's Signature:  Date:   -   -      
M M D D Y Y Y Y

**Received By:**  Date Rec'd:  Time Rec'd:

Staff

**Office Use Only:**

CSCE Staff Signature:  Date:   -   -      
M M D D Y Y Y Y

Documents attached (copy of license, social security card, passport, court document)