



University of Massachusetts Lowell
 Enrollment Services/ Continuing Studies and Corporate Education
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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)