

Oklahoma Panhandle State University
Change of Information

Student ID # _____ OR Last 4 of Social Security _____

Current Student **OR** Prior Student

Change my: Name Address OR Both

Name as it currently appears: _____
Last First Middle

Change my name to: _____
Last First Middle Maiden
(If you want it left on)

Change my Permanent Billing Local Address Mailing

Street/Box City State Zip Phone

Change my Permanent Billing Local Address Mailing

Street/Box City State Zip Phone

Student Signature: _____ Date: _____

Copy of Driver's License, Marriage Certificate or Divorce Decree that verify legal name must be provided. Document providing verification may be faxed to 580-349-1471 or emailed to academicrecords@opsu.edu.

Office Use Only
Processed by: _____
Date: _____