CHANGE OF INFORMATION FORM
SOUTHERN WESLEYAN UNIVERSITY

SSN: _____

Student ID#: _____ Date: _____ Your initials: _____

Name: _____ Cohort: _____

Please change:

____ **Name _____**
Last First Middle/Initial

____ **Home address _____**
Street
_____
City State Zip

____ **Home Phone _____**

____ **Work Phone _____ EXT._____**