



UNIVERSITY OF MASSACHUSETTS LOWELL
STUDENT INFORMATION CHANGE FORM

NAME _____ STUDENT ID # _____ DATE _____

CIRCLE TYPE OF CHANGE

FORMERLY RECORDED AS:

*NAME _____

TELEPHONE _____

BILLING _____

LOCAL ADDRESS _____

PERMANENT ADDRESS _____

OTHER [PLEASE SPECIFY]

CHANGE TO:

SIGNATURE

TELEPHONE # () _____

*Name change requires photo ID and official documentation (ie – marriage license, court papers).