



STUDENT INFORMATION CHANGE FORM

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

First Name Last Name MI

SiS ID# Phone Number

Type of Change

*Name Telephone Billing Mailing Address Permanent Address Others

Formerly Recorded

Change to

First Name

Last Name

Phone Number

Billing Address

Permanent Address

Others (specify)

Signature _____ Date

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

For Office Use Only:

Scanned

Verified 1) 2)

Effective Term (if applicable)

Rescanned

File Shred

Doc Type: Bio Demo Change