Data Change Request Form
West Liberty State College

Instructions: Complete all requested information in Section I.
Complete each additional section applicable to current request(s).
Return form to Office of the Registrar.

(Section I)

Name ___________________________ Student ID No. ___________________________
(Last, First, Middle or Maiden)
Home Phone _______________________
Cell Phone _________________________
Date _____________________________
(Student signature required for processing)

(Section II)

NAME CHANGE

New Name (Last, First, Middle or Maiden) ___________________________
Reason for Change __________________________ Substantiating Document ___________________________
A substantiating document is required such as: Divorce Decree, Marriage Certificate, Court Order before any records will be officially changed.

(Section III)

☐ Permanent Home Address ☐ Mailing Address

CHANGE OF ADDRESS

Street ___________________________
City ____________________________ County ______ State ______ Zip Code ______
Phone (Area Code) ___________________________

(Section IV)

MAJOR/MINOR CHANGE

Change of Major from __________________________ to __________________________
Change of Minor from __________________________ to __________________________
Change of Degree from __________________________ to __________________________
Second Major __________________________

(Section V)

CHANGE OF ADVISOR

Change of Advisor from __________________________ to __________________________

OFFICE USE ONLY

Date Substantiating Documents Received/Initial __________________________
Date Change(s) Completed/Initial __________________________