



Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

STUDENT IDENTIFICATION CORRECTION FORM

Please print or type all of the following information

Student Name _____ I.D./S.S. No. _____

I. IDENTIFICATION/SOCIAL SECURITY NUMBER CHANGE

Number as it appears on records now: _____

Change all documentation to this number: _____

Reason for change: _____

II. OFFICIAL NAME CHANGE

Name as it appears on records now: _____

Change all documentation to this name: _____

Reason for change: _____

(Driver's License or State Issued I.D. must be supplied)

III. MAILING ADDRESS/PHONE NUMBER CHANGE

Change all documentation to reflect my present address

(Street address, P.O. Box, Rural Route, Etc.)

(City)

(State)

(Zip)

(County)

Change all documentation to reflect this new telephone number: (_____) _____

Signature: _____ Date: _____

Processed By: _____ Date: _____
(Registrar's Office)