

Official Use Only  
Date Rec: \_\_\_\_\_  
Date Proc: \_\_\_\_\_  
By: \_\_\_\_\_

**The United States Sports Academy**  
**One Academy Drive**  
**Daphne, Alabama 36526**  
**Phone: (251) 626-3303**  
**Fax: (251) 625-1035**



**STUDENT INFORMATION CHANGE FORM (Personal)**

Student Name (as it appears on the Academy's records): \_\_\_\_\_

Student ID #: \_\_\_\_\_

Degree Level: \_\_\_\_\_

**COMPLETE ONLY APPLICABLE INFORMATION**

**Name Change (Requires Documentation i.e. driver's license, marriage cert)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Attached documentation: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address Change**

\_\_\_\_\_  
Street, RFD or P O Box

\_\_\_\_\_  
City State Zip Code

**Telephone Number Change:**

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Area Code Telephone Number

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_