

**Student
Information
Update**



UA Cossatot

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Student ID: _____

Date: ____ / ____ / ____

Current Name: _____

PLEASE NOTE:

- You **must** provide a social security card, state issued identification, marriage license, divorce decree, or other legal name change document that states your new name. You are responsible for notifying your instructors of your new name.
- Change of address may affect your tuition/fee charges. **If you are enrolled, any tuition/fee changes will not take effect until the next semester in which you enroll.**
- Student account names will be processed within one business week. Passwords will **NOT** change.

NEW NAME: _____
FIRST MIDDLE LAST

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

PHYSICAL ADDRESS: _____
ADDRESS CITY STATE ZIP

COUNTY: In what county do you currently live? _____

NEW PHONE: Home _____ - _____ - _____ Cell _____ - _____ - _____

PERSONAL EMAIL: _____

RESIDENCY STATUS: Have you been an Arkansas resident for at least 6 months? ☐ YES ☐ NO

If no, what month and year did you become an Arkansas resident? _____

**** Students who have not been an Arkansas resident for at least 6 months are not eligible for in-state tuition. ****

CITIZENSHIP STATUS: ☐ US Citizen ☐ Permanent US Resident ☐ DACA Recipient
☐ Employment Authorization Recipient ☐ Immigrant from Republic of the Marshall Islands

NEW EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ - _____ - _____

Are you currently charged with or have you ever been convicted of a felony or violent crime? Y N

Check here if you are: ☐ Career Pathways Student ☐ Graduating this semester

STUDENT SIGNATURE (if available, or may write
"PER PHONE/EMAIL" & attach email correspondence)

DATE

PROCESSING: For office use only.

Date Received: _____

Form completed by: _____

[] via phone [] via email [] in person

Entered By/Date: _____

Scanned By/Date: _____

Notification sent to: _____ Student _____ Advisor _____ DISS

_____ BB Admin _____ CP _____ Registrar