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## STUDENT INFORMATION CHANGE FORM (Personal)

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

Student ID #: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

### COMPLETE ONLY APPLICABLE INFORMATION

#### Change in Name or Social Security Number

*(Requires Additional Support Documentation, i.e., driver's license or marriage certificate)*

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

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

#### Change of Address, Telephone Number, or Email

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code and Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

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

Submit Complete Form to [registrar@ussa.edu](mailto:registrar@ussa.edu)

United States Sports Academy

One Academy Drive Daphne, Alabama 36526 | Phone: (251) 626-3303 | Fax: (251) 625-1035