

## Student Data Change Form

*This form may be used to change your Name, Phone Number and/or Address.  
Changes resulting in a tuition rate reduction (i.e. out-of-state to in-state or in-district) should use  
the Student Address and Tuition Change Request Form.*

Use one of the options below for submitting this form:

1. **Mail** your request to SouthArk Community College, Attn: Registrar's Office, P.O. Box 7010, El Dorado, AR 71731-7010.
  2. **Fax** your request to SouthArk's Registrar's Office at **870.864.7137**.
  3. **Bring** your request to SouthArk's Registrar's Office/Admissions Office on SouthArk's west campus. (2<sup>nd</sup> floor of the Conference Center/Student Services).
  4. **Email** a copy to [registrar@southark.edu](mailto:registrar@southark.edu)
  5. A Change of Address can be made on **MyCampus** on the Student Tab
- If you have any questions, contact Student Services at 870.862.8131 ext. 195.

**Name:** \_\_\_\_\_

**Student ID # or Date of Birth:** \_\_\_\_\_

**NAME CHANGE** - \* Please provide documentation of name change

Change name from: \_\_\_\_\_

Change name to: \_\_\_\_\_

### **ADDRESS CHANGE**

Previous Address: \_\_\_\_\_

\_\_\_\_\_ County/Parish \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ County/Parish \_\_\_\_\_

### **PHONE NUMBER CHANGE**

Previous Phone #: \_\_\_\_\_

Current Phone #: \_\_\_\_\_

### **PERSONAL EMAIL ADDRESS CHANGE**

New Email Address: \_\_\_\_\_

**By signing, I hereby affirm that all information provided is complete and accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_