



Student Change of Information Form

Student ID # / STAR ID: _____

Name: _____

(Last)

(First)

(Middle)

Address Change:

From: _____ To: _____
(House # Street, Apt #) (House # Street, Apt #)

Change to in-State of Residency

_____ living in Minnesota— *Must be accompanied by Driver's license or additional proof*

Phone Change:

From: H (_____) _____ To: H (_____) _____

From: C (_____) _____ To: C (_____) _____

Gender Change:

Female Male

Email Change:

From: _____ To: _____

Student's Signature: _____ Date: _____

Office Use Only

Received by: _____ Date: _____

Additional Comments: _____

*Student is responsible for changing email and mailing address with Bank Mobile
if receiving financial aid*