

CHANGE OF STUDENT DATA

Please Print

Name: _____ ID#: _____

Data to be Changed	New	Old
Name		
Address – Line 1		
Address – Line 2		
City, State, Zip Code		
County		
Telephone Number		
Cell Phone Number		
E-mail		

Marital Status: Single Married

Guardian/Spouse: _____

Other: _____

Note: All students providing a change of address must complete the following items:

I have lived at the new address since: _____
(Month/Year)

I have been a resident of Ohio; or of the following counties of West Virginia (Hancock, Brooke, Ohio, Marshall, or Wetzel) for all of the last 12 months.

Yes No

 Signature of Student

 Date