

***CURRENTLY ENROLLED STUDENTS***  
**Change of Name/Address/Phone/Email**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Location: \_\_\_\_\_ State College \_\_\_\_\_ Altoona \_\_\_\_\_ Philipsburg \_\_\_\_\_ Lewistown

Please complete all updates that apply below

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

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

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**For Office Use Only: Please initial & date your appropriate section**

Bursar:  CORE  Student Table \_\_\_\_\_

Financial Aid:  Packaging Page \_\_\_\_\_

Academic Affairs: \_\_\_\_\_