CHANGE OF INFORMATION FORM
Student Affairs
310 Kaahumanu Ave
Kahului, Hi 96732

I. NAME:__________________________________________________________
   Last     First        M.I.
Banner ID:__________________________   or  SS#:_____ - _____ - ____

II. ADDRESS CHANGE (All Fin Aid/Refund checks will be sent to mailing address):
   Current MAILING Address:
   From:____________________________________________________________
       Number and Street/PO Box
   Change To:_______________________________________________________
       Number and Street/PO Box
   
   Current PERMANENT Address:
   From:____________________________________________________________
       Number and Street/PO Box
   Change To:________________________________________________________
       Number and Street/PO Box

III. TELEPHONE NO. CHANGE-(include area code if out of state):
   From:______________________________
   Change To:______________________________

IV. DEGREE/PROGRAM CHANGE:
   From:____________________________________________________________
   Change To:________________________________________________________

V. NAME CHANGE-(Check with Student Services for required documents):
   From:____________________________________________________________
   Last     First        M.I.
   Change To:________________________________________________________
   Last     First        M.I.

_______________________________________________________________________________________
Students Signature         Date

STUDENT SERVICES OFFICE ONLY
Input By:___________Date:______________