

Student Data Change Form

This form may be used to change your Name, Address, and/or Phone Number.

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. (2nd floor of the Conference Center/Student Services).
 4. **Email** a copy to 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 _____

Current Address: _____

_____ County _____

PHONE NUMBER CHANGE

Previous Phone #: _____

Current Phone #: _____

Signature: _____ **Date:** _____