



Student Data Change Form

*This form may be used to change your Name, Phone Number and/or Address.
Changes resulting in a tuition rate reduction (i.e. out-of-state to in-state or in-district) should use
the Student Address and Tuition Change Request Form.*

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/Parish _____

Current Address: _____

_____ County/Parish _____

PHONE NUMBER CHANGE

Previous Phone #: _____

Current Phone #: _____

PERSONAL EMAIL ADDRESS CHANGE

New Email Address: _____

By signing, I hereby affirm that all information provided is complete and accurate.

Signature: _____ **Date:** _____