

Change in Student Record Information Request

Pensacola State Student ID Number		Last Name First Name		MI	
INDICATE I	TEM(S) TO BE CHAN	NGED BY CHECKING B	ELOW AND PRI	NTING NEW I	NFORMATION
] Name*	Last Name	First Name			MI
*Name chang	e documentation must l	be attached (driver's licenso	, marriage certific	cate, court order	
] SSN		Submit a copy of your	Social Security Car	rd for document	ation.
[] Address	Students are encouraged to change any contact information (address, telephone number, etc.) through their SPYGLASS records at www.pensacolastate.edu. If you are employed by the College in any capacity, employee records must be updated through the Human Resources Office.				
	Street Address	City	Sta	nte	Zip
	Primary Telephone Alternate Telephone				
	Permanent Address if	different than above	City	State	Zip
[] Major	Current Major:			Term:	
	Change To:				
		program code) y receive only one AA degree	e in the State of Fl	orida	Term
	Secondary Major (print program code) NOTE: A student may receive only one AA degree in the State of Florida Term				Term
	Program changes must be reviewed by an academic advisor or program director. Changes to programs of study must be processed before the beginning of the term. Changes submitted after the term has begun will be processed for the subsequent term. An advisor's signature or the program director's signature is required:				
	Advisor/Program Dire	ector		Date	
	Student Signature			Date	