

**Jarvis Christian College**  
OFFICE OF THE REGISTRAR  
P.O. Box 1470 – HAWKINS, TX 75765

**Change of Data Form**

Check the Appropriate Box (es) Below		
Name _____ ID# _____		
Address _____		
Street		
City	State	Zip
Cell Phone Number _____		
Home/Other Phone Number _____		
<input type="checkbox"/> Change Surname (Attach a Copy of the Official Document i.e. marriage license, divorce decree, and a new social security card)		
Former (Old) Name _____		
Current (New) Name _____		
<input type="checkbox"/> Change Permanent Address		
New Address _____		
Street		
City	State	Zip
<input type="checkbox"/> Change Mailing Address		
New Address _____		
Street		
City	State	Zip
Signature _____		Date _____

**Office Use Only**

*Registrar Approval* \_\_\_\_\_ *Date* \_\_\_\_\_