



CHANGE OF RECORDS REQUEST

(Only the person to whom these records belong may request changes)

While this form is provided online for convenience, the student must present this completed form along with any necessary documentation to the Registrar's Office to complete the request. Please contact the Registrar's Office at registrar@abu.edu or at 817-461-1138 for more information.

Student ID#: _____ Full Name: _____

Currently Enrolled: ____ Yes ____ No If No, date of last enrollment: _____

Complete the following information you would like to change:

Mailing Address TO:

Street: _____ City: _____ State: _____ Zip: _____

Permanent Address TO:

Street: _____ City: _____ State: _____ Zip: _____

Birth Date TO:

Month: _____ Day: _____ Year: _____

Name:

FROM: _____

TO: _____

REASON: _____

Social Security Number:

FROM: _____

TO: _____

Emergency Notification:

NAME: _____

RELATIONSHIP: _____

Street: _____ City: _____ State: _____ Zip: _____

Student Signature: _____

For Office Use:

Corrected on: _____ By: _____ Signature of Staff: _____