NORTH ARKANSAS COLLEGE
STUDENT DATA CHANGE

NAME: ____________________________ STUDENT I.D. #: ____________________________
(AS LISTED ON CURRENT RECORDS)

NAME CHANGE

NEW NAME: ____________________________
(LAST) (FIRST) (MIDDLE)

ADDRESS CHANGE

NEW ADDRESS:
(STREET) (CITY) (STATE) (ZIP)

Change of address does not necessarily constitute change of residency and/or tuition fee status. Proper documentation must be submitted to the Registrar’s Office in order to lower a student’s tuition fee status.

NEW PHONE: (______) ____________________________

Does this apply to your: Current Address ( ) Permanent Address ( ) Both ( )

Signature: ____________________________ Date: ____________________________

Complete and mail or fax back to:

North Arkansas College
Registrar’s Office
1515 Pioneer Drive
Harrison, AR 72601
Fax: (870) 391-3339

OFFICE USE ONLY

Residency Code: _________ State Code: _________ Fee Status: _________
Application/Location Status
Date Processed ________________ By ________________