

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/Folder
Location Status _____
Date Processed _____ By _____