

Frank Phillips College  
Student Data Change Form

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

NAME CHANGE			
Name As Corrected: _____			
Last	First	Middle I.	

ADDRESS CHANGE

I have lived at the following address(s):

\_\_\_\_\_  
Current Address City State Zip ( From/Current )

\_\_\_\_\_  
Prior Address City State Zip ( From/Current )

\_\_\_\_\_  
Prior Address City State Zip ( From/Current )

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

CHANGE IN RESIDENCY PETITION	
INDICATE TYPE OF PETITION	
<input type="checkbox"/>	Change from out-of-state to in-state status
<input type="checkbox"/>	Change from out-of-state to in-district status
State Reason For Petition: _____	
_____	
Attach any documentation for petition.	
Approved _____	Denied _____
By: _____	
Reason For Denial _____	

I understand the requirements for classification as a resident of Texas for tuition purposes and I affirm by my signature below that to the best of my knowledge and belief, I am eligible to be so classified. I also affirm that I will notify the proper official of this institution if circumstances change so as to disqualify me for this classification. I understand that violation of this oath of residency will result in disciplinary action.

Date \_\_\_\_\_ Signature \_\_\_\_\_