

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

Change from out-of-state to in-state status

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 _____