



## Student Information Update (Currently Enrolled Students)

*Please Print or Type*

Current Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

*Is this a:*

**Name Change**

**Phone Number Change**

**Address Change**

<p><b><u>Previous</u></b> First Name: _____</p> <p>Middle Name: _____</p> <p>Last Name: _____</p> <p><b><u>New</u></b> First Name: _____</p> <p>Middle Name: _____</p> <p>Last Name: _____</p> <p style="text-align: center;"><b>COPY OF SOCIAL SECURITY CARD IS REQUIRED!</b></p>	<p>Home: _____</p> <p>Cell: _____</p> <p>Work: _____</p> <p><b><u>Emergency Contact:</u></b></p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>Relationship: _____</p>	<p><b><u>Previous</u></b> Mailing Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>County: _____</p> <p><b><u>New</u></b> Mailing Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip: _____</p> <p>County: _____</p> <p>Are you a legal resident of Mississippi County, living in county 6 months prior to the date of this form submission?</p> <p>Yes: _____</p> <p>If No, what State: _____</p> <p>County: _____</p>
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**How to Submit**

1. Complete and send to:
 

Arkansas Northeastern College  
 Attn: Student Services  
 P.O. Box 1109  
 Blytheville, AR 72316
  
2. Complete and fax to:
 

(870) 763-1654  
 Attn: Student Services

<b><u>Office Use Only:</u></b>	
Date Received: _____	Received By: _____ Currently Enrolled: _____ Yes _____ No
<b><u>Admissions/Prospect</u></b>	
Date Name Updated: _____	Date Phone # Updated: _____ Cty & Billing Code Updated: _____
<b><u>Student</u></b>	
Date Name Updated: _____	Date Phone # Updated: _____ Cty & Billing Code Updated: _____
<b><u>Financial Aid</u></b>	
Filed F.A.: _____ Yes _____ No	Date Forwarded to F.A.: _____