## **Change of Address/Data Correction Form**

American Association of Collegiate Registrars and Admissions Officers

Fax to: (202) 872-8857

SOURCE CODE: \_\_\_\_\_ FOR OFFICE USE ONLY: \_\_\_



It is our commitment to provide accurate and up-to-date membership information, but we need your help. Please update your membership information whenever it changes. Use this form to make changes or corrections to your data, to delete someone from your membership roster, or to replace a member.

Membership Information			
Name of Institution:			
Address:			
City:			_ Country:
Web site:			
Main Contact Person:			
Update Information For:			
Replace:			
		(name of person to be adde	ed—please fill out the entire form
Update Membership Roster	(Submit one for each	person. Make additional copies as necessary.,	)
Name:		Title:	
Address:			
City:	State:	Zip or Postal Code:	_ Country:
Phone: Fa	ax:	E-mail:	
In what areas do you work? (check	all that apply)	Gender: □ M □ F	
<ul><li>☐ Academic Advising</li><li>☐ Admissions</li></ul>		Race: (optional)	Age Group:
<ul> <li>□ Admissions</li> <li>□ Computer/Information Services</li> <li>□ Enrollment Management Services</li> <li>□ Financial Aid</li> <li>□ International Admissions</li> <li>□ Institutional Research</li> <li>□ Records and Registration</li> <li>□ Student Affairs</li> <li>□ Transfer and Articulation</li> <li>□ Other Position:</li> </ul>		<ul> <li>□ African-American/Black</li> <li>□ American Indian or Alaska Nation</li> <li>□ Asian or Pacific Islander</li> <li>□ Hispanic/Latino/Latina</li> <li>□ White</li> <li>□ Prefer not to specify</li> <li>□ Other:</li> </ul>	☐ 36 - 45 ☐ 46 - 55 ☐ 56 - 65 ☐ 66 - 75
Submit Your Correction		Questions?	
Mail to: AACRAO—Membership, 1108 1 400, Washington, D.C. 20036 OR	6th St., NW, Suite	<b>Call:</b> (202) 293-9161 OR	

E-mail: membership@aacrao.org

INPUT: \_

\_\_\_\_\_ DATE: \_\_\_