Change of Address/Data Correction Form

American Association of Collegiate Registrars and Admissions Officers

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: _________________________________  State: _______  Zip or Postal Code: _________  Country: _______________

Web site: _______________________________________________________

Main Contact Person: __________________________________________________________________________________

Update Information For:_________________________________________________________________________________

Replace: ___________________________________________________________  (name of member to be deleted) with
_________________________________________________________  (name of person to be added—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: _____________________  Fax: ______________  E-mail: _______________________________________

In what areas do you work? (check all that apply)  Gender: □ M  □ F

☐ Academic Advising  ☐ Admissions
☐ Computer/Information Services  ☐ Enrollment Management Services
☐ Financial Aid  ☐ International Admissions
☐ Institutional Research  ☐ Records and Registration
☐ Student Affairs  ☐ Transfer and Articulation
☐ Other Position: ______________________________

Race: (optional)  Age Group:

☐ African-American/Black  □ 25 and under
☐ American Indian or Alaska Native  □ 26 – 35
☐ Asian or Pacific Islander  □ 36 – 45
☐ Hispanic/Latino/Latina  □ 46 – 55
☐ White  □ 56 – 65
☐ Prefer not to specify  □ 66 – 75
☐ Other: ______________________________

Submit Your Correction

Mail to: AACRAO—Membership, 1108 16th St., NW, Suite 400, Washington, D.C. 20036 OR
Fax to: (202) 872-8857

Questions?

Call: (202) 293-9161 OR
E-mail: membership@aacrao.org

SOURCE CODE: ___________  FOR OFFICE USE ONLY: ______________________________  DATE: ____________  INPUT: ______________________