

# 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 add a new member.*

## Membership Information

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Web site: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Update Information For: \_\_\_\_\_

Add/Remove: \_\_\_\_\_ (name of member to be deleted)

\_\_\_\_\_ (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)*

- ☐ 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: \_\_\_\_\_

**Gender:** ☐ M ☐ F ☐ Non-binary ☐ Prefer not to specify

**Race:** *(optional)*

**Age Group:**

### 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) 355-1040 OR  
**E-mail:** [membership@aacrao.org](mailto:membership@aacrao.org)

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