Change of Address/Data Correction Form

American Association of Collegiate Registrars and Admissions Officers

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:				Count	ry:
Web site:					
Main Contact Person:					
Update Information For:					
Replace:				(name of me	ember to be deleted) with
			(name of person to b	e added—pleas	e fill out the entire form)
Name:Address:			Title:		
City:				Count	ry:
Phone: Fax:			E-mail:		
In what areas do you work? (check all th	at apply)	Gei	nder:	n-binary 🗇	Prefer not to specify
☐ Academic Advising☐ Admissions		Ra	ce: (optional)		Age Group:
 □ Computer/Information Services □ Enrollment Management Services □ Financial Aid □ International Admissions □ Institutional Research □ Records and Registration □ Student Affairs □ Transfer and Articulation □ Other Position: 			African-American/Black American Indian or Alaska Asian or Pacific Islander Hispanic/Latino/Latina White Prefer not to specify Other:		☐ 25 and under ☐ 26 — 35 ☐ 36 — 45 ☐ 46 — 55 ☐ 56 — 65 ☐ 66 — 75 ☐ 76+
Submit Your Correction			Questions?		
Mail to: AACRAO—Membership, 1108 16th S 400, Washington, D.C. 20036 OR Fax to: (202) 872-8857	t., NW, Suite		Call: (202) 293-9161 OF E-mail: membership@a		

INPUT: __