



STUDENT INFORMATION UPDATE

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Student Contact Information

Name: _____
 Last First Middle Initial

Address: _____
 Street or PO Box

_____ City State Zip Code

Phone: _____ **Email:** _____

Emergency Contact Information

Name: _____
 Last First Middle Initial

Address: _____
 Street or PO Box

_____ City State Zip Code

Phone: _____ **Email:** _____

Check this box if you want your previous emergency contact information to be removed and replaced:

Note to Student: Supporting documentation for a change of address or a name change must be attached when this form is completed and returned to the Office of the Registrar. Acceptable documents for a change of address include: paystubs, bills, rental agreements, insurance documents, driver's licenses, etc. Acceptable documents for a name change include: marriage certificates, divorce decrees, court documents, valid photo IDs, etc.

Student Signature: _____ **Date:** _____