

Office of the Registrar

PERSONAL DATA CHANGE FORM
Name / Address / Telephone

Student Name: _____ ID Number: _____
Family First Middle

Date of Birth: _____ / _____ / _____ (for identification purpose only)
Month(mm) Day(dd) Year(yyyy)

Please check the information you wish to change (Check all that applies and provide both old and new information)

Name:

Previous Name: _____
Family First Middle

New Name: _____
Family First Middle

Reason for change: _____
(Attach official record certifying legal change of name)

Address:

Previous Address _____
Street Apt

City Province/State Postal/Zip Code

Country

New Address _____
Street Apt

City Province/State Postal/Zip Code

Country

Telephone

Previous Number: (_____) _____
Country City (if appropriate) Number

New Number: (_____) _____
Country City (if appropriate) Number

I certify that I am the above-named person and that all information above be changed in my official student records.

Student Signature _____ Effective Date of change _____

Office of the Registrar Use Only

Submitted on _____ Processed by _____ Date _____