



INFORMATION UPDATE

Student Name _____ Student ID# _____ Date _____

New Street _____

New City _____ New State _____ New Zip _____

New Phone # () _____ - _____ New Cell # () _____ - _____

New E-mail Address _____ @ _____

Name Change _____

Marital Status ___ married ___ single

Spouse's name if married _____

Return to: Registrar's Office, Serrick Center, room 204

_____ (Student Signature)



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