



**INFORMATION UPDATE**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date \_\_\_\_\_

Address to be changed:  home  local  both addresses

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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(Student Signature) \_\_\_\_\_