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Student ID Number

Last Name (Please print clearly)

First

Middle

Student's Signature

Today's Date

Effective Date of Change

**CHANGE OF ADDRESS: (please print)**

<b>DELETE ADDRESS:</b>		<b>Address Codes</b>	<b>ADD ADDRESS:</b>	
number/street		BI Billing	number/street	
city state zip		BU Business	city state zip	
country phone		HM Home	country phone	
e-mail address		LO Local	e-mail address	
		Other:		

**CHANGE OF NAME: (please print) [Official documentation required to change name (e.g. driver's license)]**

Former Name(s): Last First Middle	<b>OFFICE USE ONLY</b> Type of Document Received:  Date & initials of processor:
Current Name: Last First Middle	

**OTHER CHANGES/CORRECTIONS: (complete ONLY information which is to be changed)**

<b>GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>DATE OF BIRTH:</b> month / day / year	<b>CITIZENSHIP/COUNTRY:</b> <input type="checkbox"/> USA <input type="checkbox"/> Permanent Resident (country) _____ <input type="checkbox"/> Non-Resident (country) _____ <input type="checkbox"/> Refugee (country) _____	<b>ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE</b> (Mark one or more)  (see key on back)	<b>RELIGIOUS AFFILIATION:</b>  (see key on back)
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(Rev. 1/14/2020)

**RACE:**

(Mark one or more number on front of form)

- 1 - American Indian or Alaskan Native
- 2 - Asian
- 3 - Black or African American
- 4 - Native Hawaiian or Other Pacific Islander
- 5 - White

**RELIGIOUS AFFILIATION:**

Baptist	BP
Buddhist	BU
Church of Christ	CC
Congregational	CG
Disciples of Christ	DC
Episcopalian/Anglican	EP
Hindu	HI
Islam	IS
Jewish	JE
Lutheran	LT
Methodist	MT
No religion	NR
Other Christian	OC
Other Non-Christian	ON
Other Protestant	OP
Orthodox Catholic	OR
Presbyterian	PR
Roman Catholic	RC
Unitarian	UN