



Student I.D. Number _____ Last Name _____ First _____ Middle _____
 _____ / _____ / _____ Effective Date of Change: _____ / _____ / _____
 Student's Signature _____ Today's Date _____ month / day / year

CHANGE OF ADDRESS: (please print)			
DELETE ADDRESS:		Address Codes	ADD ADDRESS:
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 _____ Current Name: Last _____ First _____ Middle _____	OFFICE USE ONLY		
	Type of Document Received: _____		
	Date & initials of processor: _____		

OTHER CHANGES/CORRECTIONS: (complete ONLY information which is to be changed)					
GENDER:	DATE OF BIRTH:	CITIZENSHIP/COUNTRY:	ETHNICITY	RACE	RELIGIOUS AFFILIATION:
<input type="checkbox"/> Male	_____ / _____ / _____	<input type="checkbox"/> USA	<input type="checkbox"/> Hispanic or Latino	(Mark one or more)	_____
<input type="checkbox"/> Female	month / day / year	<input type="checkbox"/> Permanent Resident (country) _____	<input type="checkbox"/> Not Hispanic or Latino	(see key on back)	(see key on back)
		<input type="checkbox"/> Non-Resident (country) _____			
		<input type="checkbox"/> Refugee (country) _____			

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