

CHANGE OF DIRECTORY INFORMATION

STUDENT INFORMATION:

Name _____ DOB _____ / ____ / ____
MM / DD / YY

SSN _____ (OR) Student ID _____

UPDATE INFORMATION:

Please check the box where updates apply:

- Address** _____

City, State, Zip _____
Country _____
- Telephone**
 - Day () - _____
 - Evening () - _____
 - Cellular () - _____
- Email** _____

X _____
SIGNATURE OF STUDENT *(Required in accordance with the Family Educational Rights to Privacy Act of 1974)* **Date**