

Change of Personal Information Form

Registrar's Office

Student Information To the extent that you are able, please provide the information below.

Last Name _____ First Name _____

I am: A current student About to graduate An Alumna/us

Current student ID #254 - _____ Date of Birth _____ / _____ / _____

Academic Department _____ Degree Program _____

Directions Complete only the section(s) relevant to the change(s) you are reporting. Please print clearly. Completed forms must be submitted to the Registrar's Office.

Name Change Primary (Legal) Name Preferred Name (the name used for non-legal purposes)

NOTE: To change your primary name, legal documentation—such as a court order or new driver's license or passport—is required. Documentation must either be presented in person to the Registrar's Office or submitted as notarized copies attached to this form.

New Last Name _____

New First Name _____

New Middle Name _____

Complete Former Name _____

Please also change my CGU e-mail address to _____@cgu.edu.

Gender Change Please record my gender as: Female Male

Address Change Please provide your new complete mailing address. For US addresses, be sure to list your zip code. For international addresses, please provide the complete foreign address information necessary for postal deliveries.

This is also my permanent address Yes No

Students who are also CGU employees must report address change direct to CGU Human Resources. Please check this box if you authorize the Registrars Office to forward a copy of this form to CGU Human Resources.

Phone Change (____) _____

This phone # is: Permanent Local Work Cell Other

STUDENT SIGNATURE _____ DATE _____

For Office Use Only

Recorded by Data Services/Date

For Name Changes:

Copy to Academic Department _____

File label changed _____