



Address/Name/Social Security Number Change/Emergency Contact

Student Name: _____ Student ID#: _____

Date of Birth: _____

Student Signature: _____ **Date:** _____

****CHANGES CANNOT BE PROCESSED WITHOUT SIGNATURE****

Address Change (NOTE: If you are a student employed by the University, you must also contact Human Resources to update your address. You may download their Address/Personal Data Change form at <http://www.umflint.edu/hr/forms.htm>, or contact Human Resources at 213 UPAV or (810)762-3150.)

New Address (COPY OF GOVERNMENT ISSUED PHOTO ID REQUIRED)

Street Address _____ Telephone _____
 City _____ State _____ Zip _____ County _____ Effective Date _____

Name Change (COPY OF GOVERNMENT ISSUED PHOTO ID REQUIRED)

Former Name _____ New Name _____

First _____ Middle _____ Last _____ First _____ Middle _____ Last _____

Have you applied for graduation? Yes No

If you have applied for graduation, how should your name appear on your diploma?

Social Security Number Change (COPY OF SOCIAL SECURITY REQUIRED)

Former Social Security Number _____ New Social Security Number _____

Emergency Contact Information

Required Name: _____ Required Telephone: _____

Address: _____
 Street _____ City _____ State _____ Zip _____

Relationship: Spouse Ex-Spouse Father Mother Child Brother Sister
 Grandparent Relative Significant Other Guardian Other

For Registrar Use Only

Date Processed _____	Processed By _____	Banner Change Date _____	Ann Arbor/HEProd Change Date _____
(Registrar: Attach all supporting documentation to this form) Documentation _____			