



STUDENT DATA UPDATE FORM

Please note: To complete a name change with the University, you must provide a copy of your driver's license or legal document, such as a marriage certificate or other court document, which shows the updated name.

CURRENT name on record: \_\_\_\_\_

UPDATED name to be placed on record: \_\_\_\_\_

WJU Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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NEW INFORMATION (please print):

Prefix (Mr., Mrs., Miss, etc): \_\_\_\_\_

Address: \_\_\_\_\_

First Name: \_\_\_\_\_

Apt #: \_\_\_\_\_

Middle Name: \_\_\_\_\_

City: \_\_\_\_\_

Last Name: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Type (cell, home, etc): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Type (cell, home, etc): \_\_\_\_\_

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Indicate which address(es) you want these changes made to:

\_\_\_ Permanent/Home Address

\_\_\_ Campus/Local Address

\_\_\_ Billing

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Records in Registrar's Office altered as requested by: _____	_____
Staff Initials	Date
* If billing selected, send copy to Student Accounts Office	