

**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**