

Please print and return to the Registration Office

Name on current records _____

Please Note: A legal document (i.e. marriage license) must be presented with form if a name change is desired.

New Name (if changed) _____

Address Type: Permanent Temporary

Do you wish to have all correspondence from the college sent to this address? Yes No

Street Address _____

City _____ State _____ Zip _____ County _____

Phone (Home) _____ Phone (Cell) _____

Phone (Work) _____

Country _____ Citizenship _____

S.S.N. (optional, unless changed) _____ Birthdate _____

ID Number _____ Church Preference _____

Marital Status _____

Ethnic Origin:

- Are you Hispanic or Latino of any race (this includes Spanish and other Spanish origins)?
 Yes
 No
- In addition, please check one or more of the following options that you identify with:
 American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American

Expected Graduation Date _____

Signature _____