

|                        |                      |                      |                              |
|------------------------|----------------------|----------------------|------------------------------|
| <b>Name:</b>           |                      | <b>ID #:</b>         | <b>DATE OF BIRTH:</b><br>/ / |
| <b>New Address:</b>    |                      |                      |                              |
| Street                 |                      |                      |                              |
| Apt. #                 |                      |                      |                              |
| City                   |                      | State                | Zip                          |
| <b>Home Phone #:</b>   | <b>Work Phone #:</b> | <b>Cell Phone #:</b> |                              |
| <b>E-Mail Address:</b> |                      |                      |                              |

**CHANGE OF EMERGENCY CONTACT INFORMATION**

|                         |                      |                      |                              |
|-------------------------|----------------------|----------------------|------------------------------|
| <b>Name:</b>            |                      | <b>ID #:</b>         | <b>DATE OF BIRTH:</b><br>/ / |
| <b>Primary Contact:</b> |                      |                      | <b>Relationship:</b>         |
| <b>Address:</b>         |                      |                      |                              |
| Street                  |                      |                      |                              |
| Apt. #                  |                      |                      |                              |
| City                    |                      | State                | Zip                          |
| <b>Home Phone #:</b>    | <b>Work Phone #:</b> | <b>Cell Phone #:</b> |                              |
| <b>E-Mail Address:</b>  |                      |                      |                              |

**CHANGE OF NAME**

|   |              |                              |
|---|--------------|------------------------------|
| <b>Name (on previous records):</b>  | <b>ID #:</b> | <b>DATE OF BIRTH:</b><br>/ / |
| <b>New Name (You <u>must</u> attach a copy of the marriage certificate, divorce decree or court order. Name changes cannot be processed without legal documentation):</b> |              |                              |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|  |                                |                        |                                |
|--|--------------------------------|------------------------|--------------------------------|
| <i>FOR INSTITUTIONAL RESEARCH<br/>PURPOSES ONLY (Circle One)</i> | African-American, Non-Hispanic | White, Non-Hispanic    | Alaskan Native/American Indian |
|  | Hispanic                       | Asian/Pacific Islander | Non-Resident Alien             |

**Return form to:**  
Point Park University  
Office of the Registrar  
201 Wood Street  
Pittsburgh, PA 15222-1984  
Fax: 412-392-8062