

CHANGE OF ADDRESS/EMERGENCY CONTACT/NAME INFORMATION

Name:		ID #:	DATE OF BIRTH:
New Address:		ı	, ,
	Street		
	Apt. #		
		Zip	
Home Phone #:	Work Phone #:	Cell Phone #:	
E-Mail Address:			
	GE OF EMERGENC	Y CONTACT INFO	RMATION
Name:		ID #:	DATE OF BIRTH:
Primary Contact:			Relationship:
Address:			
	Street		
	Apt. #		
	City State	Zip	
Home Phone #:	Work Phone #:	Cell Phone #:	
E-Mail Address:		· ·	_ '
	CHANG	E OF NAME	
Name (on previous records):		ID #:	DATE OF BIRTH:
	attach a copy of the marria		cree or court order. Name
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Signature:		_	Date:
FOR INSTITUTIONAL RESEARCH PURPOSES ONLY (Circle One)	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

Reminder for <u>student employees</u>: contact the Human Resources Office to also update your home address to ensure that your information is listed correctly on your paychecks and W-2 forms.