

Change of Address/Emergency Contact/Name Information

Name		Student II	O Number	Date of Birth	
New Address:					
	Apartment Number City, State, ZIP				
lome Phone	Work Phone	Cellphone	Email Ac	ddress	
hange of Emer	gency Contact Informati	on			
Primary Contact Name		Secondary Cor	Secondary Contact Name		
Relationship		Relationship	Relationship		
Address		Address			
City, State, ZIP		City, State, ZIP			
Work Phone		Work Phone			
Home Phone					
ellphone		Cellphone			
Email		Email			
Change of Nam	e				
New Name		 Preferred Nam	Preferred Name		
You <u>MUST</u> attach a copy	of the marriage certificate, divorce decr	ee or court order. Name changes canno	ot be processed without	legal documentation.)	
Signature		Date			
or Institutiona	l Research Purposes Only	1			
re you Hispanic/Latin	o? 🗖 Yes 📮 No				
		aces:			

Return form to: Point Park University

Office of the University 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.