

# PERSONAL UPDATE FORM

Use the spaces below to make any necessary corrections or additions to your personal data.

NAME \_\_\_\_\_  
Last First MI Student ID Number

SEMESTER Fall Summer Spring YEAR \_\_\_\_\_

Name changes require appropriate documentation and student signature.

- REASON FOR CHANGE
- Legal change
  - Typographical error
  - Marriage
  - Other (specify)

DOCUMENTATION PRESENTED \_\_\_\_\_

LOCAL ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

DATE OF BIRTH

Month Day Year

SEX  Male  Female

CITIZEN COUNTRY

US-U.S. citizen. Other than U.S., record country

INDICATE VISA TYPE

Home State (Code VA for Virginia)

PERMANENT MAILING ADDRESS same as local address? yes  no

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

