

STUDENT CHANGE OF PERSONAL INFORMATION

PLEASE PRINT CLEARLY. Complete all areas of form which apply.

Student Name : _____ Student I.D. Number : _____ Wesley College email address: _____ Change of Name: requires two forms of government accepted ID showing new name. New Name: _____

Billing Address Street : _____ Street : _____ City, State, Zip : _____

PLEASE FILL IN BOTH ADDRESS BOXES



Home Address Street : _____ Street : _____ City, State, Zip : _____
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New telephone/cell phone numbers ; Preferred number : _____ Backup number : _____ Emergency number : _____

New email address : _____ _____ Alternate email address : _____ _____
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_____ Student signature _____ Date _____

Registrar's Office Use Only :
