



DEMOGRAPHIC INFORMATION CHANGE FORM

DATE: _____

Current Student:	<input type="checkbox"/>
Alumni:	<input type="checkbox"/>
Former Student:	<input type="checkbox"/>

Please utilize this form to update college records. Please fill out form completely to assist staff in maintaining college records.:

- **Name change:** Submit this form with documentation (marriage certificate or court order showing change of name which **MUST** bear official seal of issuing authority. Uncertified copies or un-notarized documents will not be accepted).
- **★ Required field – do not leave blank.**

Effective Date of Change(s): ★		SSN: ★	
Previous Last Name: ★		Previous First Name:	Middle Name:
Current Last Name: ★		Current First Name:	Middle Name:
Office Use - Documentation Rec'd:		Received by:	
Email Address: (Other than Bellin College)			
Nickname:		Prefix (Mr. Mrs., etc.)	Suffix (Jr., Sr., etc.)
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
PRIMARY ADDRESS: (Current Address of Record)	Street Address:		
	City:	State	Zip
	Home Phone:	Cell Phone:	
	Work Phone:	County:	
PERMANENT ADDRESS: (If different than above)	Street Address:		
	City:	State	Zip
	Home Phone:	Cell Phone:	
	Work Phone:	County:	
PARENT'S ADDRESS: (If different than above)	Street Address:		
	City:	State	Zip
	Home Phone:	Cell Phone:	
	Work Phone:	Parent's Names:	
EMERGENCY CONTACT INFORMATION:	Last Name:	First Name:	
	Relationship:	Cell Phone:	
	Phone:	Work Phone:	

★ **Signature:** _____

Date: _____

Complete and mail or return to:

Student Services Office
 Room 106
 Bellin College
 3201 Eaton Road
 Green Bay, WI 54311

Office use only:	
Date Received: _____	By: _____
Date Entered: _____	By: _____