



PRINT NAME			
BERG I.D. NUMBER			
EXPECTED GRADUATION			

ESSENTIAL DATA CORRECTION

Please Print Clearly

COMPLETE ONLY THE ITEMS TO BE CORRECTED

STUDENT IDENTIFICATION		LEGAL DOCUMENTATION REQUIRED			
Legal Name _____					
GIVEN		LAST			
Social Security Number					

CONTACT INFORMATION	
Permanent Address	
_____ ADDRESS _____ CITY STATE ZIP () TELEPHONE NUMBER	I reside at this address with my: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ RELATIONSHIP
Local Address	
_____ ADDRESS _____ CITY STATE ZIP () TELEPHONE NUMBER	

Additional Permanent Address	
THE COLLEGE WILL MAIL OFFICIAL NOTICES, SUCH AS BILLS, TO MULTIPLE ADDRESSES IF YOU REQUEST. IF MORE THAN ONE ADDRESS IS REQUESTED, LIST THE SECOND NAME & ADDRESS AND THE REASON FOR THE REQUEST.	
_____ NAME _____ ADDRESS _____ CITY STATE ZIP () TELEPHONE NUMBER	Reason for request: _____ _____ _____

PARENT IDENTIFICATION	
Parent/Guardian Name _____ <small>PARENT/GUARDIAN NAME AS IT SHOULD APPEAR FOR MAILING PURPOSES</small>	

If you work on campus, you must also fill out a change of address form in the Controller's office.

_____ STUDENT SIGNATURE OR OFFICE SUBMITTING CHANGE

_____ DATE