



CHANGE OF DATA FORM

TO BE COMPLETED BY THE STUDENT

| | |
|----------------------|----------------------|
| DATE mm/dd/yy | ID NUMBER |
| FULL NAME | EMAIL ADDRESS |

CHANGES TO BE MADE TO

Email Address New

Mail/Billing Address New

Contact Number New Home #

New Work #

New Mobile #

Authorization to Disclose Education Records

I authorize the release my education records to the following party/parties: (please indicate party)

- Parents/Guardian
- Financial Sponsor
- Other, please specify

| | |
|---------|--------|
| Name | |
| Address | Tel |
| Country | Mobile |

I do not authorize the release of non-directory education records.

STUDENT SIGNATURE

DATE mm/dd/yy

REGISTRAR SIGNATURE

DATE mm/dd/yy