



Please check all that apply: [] Student [] Student Worker [] Employee Job Title: _____

ID Number _____ Last Name _____ First Name _____ M.I. _____ Campus _____

CONTACT INFORMATION

Home Address (Proof of Residency Required)

Street Address _____

City _____ State _____ Zip Code _____

Email Address (Please print clearly) _____

Phone Numbers (Please complete those you wish to be on file)

Phone Number _____ Ext. _____ [] Home [] Business [] Cell

Phone Number _____ Ext. _____ [] Home [] Business [] Cell

Phone Number _____ Ext. _____ [] Home [] Business [] Cell

Emergency Phone Number _____ Ext. _____

Emergency Contact Person _____

FILE INFORMATION

Name Change (Court documentation and/or signed social security card)

New Name _____

Former Name _____

Home Campus Change (Students only)

NEW Home Campus: [] AH [] HL [] OR [] RO [] SF

CURRENT Home Campus: [] AH [] HL [] OR [] RO [] SF

Residency Status (Proof of Residency Required)

Detroit and Pontiac residents must provide appropriate tax forms (Employees only)

Social Security Number Correction (Social Security Card Required)

Correct Social Security Number _____

Incorrect Social Security Number _____

Birth Date Correction (Valid proof of correct birth date required) _____

PROGRAM OF STUDY INFORMATION

Curriculum Update (Students only)

Curriculum Code (Please enter entire code) _____

[] With the curriculum noted above, I no longer wish to pursue the following curriculum(s):

Signature _____ Date _____

Processed by _____ Date _____