



Please print the following information, then sign and date this form:

1. Name Change

New Name

Last Name: _____ First Name: _____ Middle Initial: _____

2. Address Change

New Address

Number and Street: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number Change

New Phone Numbers

Home: _____

Work: _____

Cell: _____

4. E-mail Change

New E-mail Address: _____

5. Emergency Contact Change

New Information

Name: _____

Phone Number: _____

Printed Name: _____

Student ID Number: _____

Student Signature _____ **Date** _____

The Robert B. Miller College is in compliance with State and Federal laws prohibiting discrimination on the basis of race, religion, gender, age, height, weight, national origin, marital status, sexual orientation, or disability. The College is committed to providing equal access to all programs, services and activities to persons with disabilities. This includes compliance with The Americans with Disabilities Act (ADA). Questions should be directed to the Director of Administrative Services, The Robert B. Miller College, 450 North Avenue, Battle Creek, MI 49017-3397, (269) 660-8021.

As circumstances, laws, and regulations change, the College may find it necessary to make changes to this document. For a report of campus crime statistics, please visit <http://ope.ed.gov/security>.

Recorded

DATE: _____

INITIALS: _____