

Registration Office
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 Mailstop 90-36-697
 St. Louis, MO 63110



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 Fax: (314) 362-9250
 www.barnesjewishcollege.edu
 gson_registration@bjc.org

Personal Information Update Form

Please use this form to update your personal and contact information. Return this completed form to the Registration office.

Current Identifying Information (Required)

Last Name		First Name		Middle initial
Student ID Number / SSN	Academic Program		Birth Date (MM/DD/YYYY)	

Change of Address / Contact Information / RAVE Alert Phone Number

Street:		Apt / Ste #:		
City:	State:		ZIP:	
E-mail Address:			Phone Number: (___ ___) ___ ___ - ___ ___	

Change of Name

Requires proof of name change: Marriage License, State Issued ID, SSN Card, or Other Legal Document

New Last Name	New First Name	New Middle initial
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Change/Correction Social Security Number and/or Date of Birth

Requires proof of name change: Marriage License, State Issued ID, SSN Card, or Other Legal Document

New SSN ___ ___ - ___ - _____	New Date of Birth (MM/DD/YYYY) ___ / ___ / _____
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Change / Correction of Biographical Information

Check the Appropriate Box Adjacent to the Designation in Each Area

Citizenship: <input type="checkbox"/> <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Non-US Citizen <i>Please Provide Documentation</i>	Marital Status: <input type="checkbox"/> <input type="checkbox"/> Divorced <input type="checkbox"/> Life Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to respond	Ethnicity: <input type="checkbox"/> <input type="checkbox"/> African American / Non-Hispanic <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or more Races <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Prefer Not to Respond <input type="checkbox"/> Caucasian / Non-Hispanic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic or Latino _____ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander
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Signature By signing below you are authorizing the information changes detailed above

Signature:	Date:
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