SEATTLE PACIFIC UNIVERSITY

Student Academic Services

Change of Directory Information

PERSONAL INFORMATION

Name: _____ **SPU ID#/SSN:** _____

Relationship to SPU: ☐ Undergraduate Student ☐ Graduate Student ☐ Alumni

Quarter of Admission to SPU: ☐ Autumn / ☐ Winter / ☐ Spring, Year: _____

Quarter of Graduation from SPU: ☐ Autumn / ☐ Winter / ☐ Spring, Year: _____

Signature: _____ **Date:** _____

Please check appropriate changes:

☐ **Change of Birthdate**

Please attach copy of Driver's License or Passport

DOB: _____ / _____ / _____
Day *Month* *Year*

☐ **Change of Name**

Please attach a copy of one of the following documents that contains your changed name:

- Court Order Document
- Driver's License
- Marriage Certificate or License
- Passport
- Social Security Card

Current Name: _____
Last *First* *Middle*

Former Name: _____
Last *First* *Middle*

☐ **Mailing Address**

Street: _____

City: _____ State: _____ Zip: _____

☐ **Non-SPU Email Address**

This will replace any other non-SPU email addresses

Email: _____

☐ **Phone Number**

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Office Use Only: ☐ INB Updated Initial: _____ Date: _____

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