



# Personal Information Change

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Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

## NAME CHANGE (REQUIRES OFFICIAL, LEGAL DOCUMENTATION OF CHANGE)

New Name: \_\_\_\_\_

Type of Documentation *(Please attach copy of document to this form. Name changes will not be processed without proper documentation.)*

- Social Security Card
- Driver's License
- Legal Document (marriage certificate, court documents, etc.)

## ADDRESS CHANGE:

### Old Address:

Mailing or Street	City	State	Zip
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### New Address:

Mailing or Street	City	State	Zip
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## PHONE NUMBER(S)

- |                               |                               |                                     |                                 |                                    |
|-------------------------------|-------------------------------|-------------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell _____ | <input type="checkbox"/> New or | <input type="checkbox"/> Unchanged |
| <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell _____ | <input type="checkbox"/> New or | <input type="checkbox"/> Unchanged |
| <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell _____ | <input type="checkbox"/> New or | <input type="checkbox"/> Unchanged |

## EMAIL ADDRESS(ES)

\_\_\_\_\_  New or  Unchanged

Signature	Date
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<b>For office use only</b>	Legal Doc Attached: _____ Completed by: _____ Date: _____ Emailed HelpDesk to update DenSem Email: _____ Emailed Address Change Group: _____
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