



Personal Information Change Request

Registrar's Office: ph. 303-357-5845, 6399 S. Santa Fe Dr. Littleton, CO. 80120, registrar@denverseminary.edu, fax: 303-783-3122

Student Information

Student Name: _____ Student ID: _____

NAME CHANGE (REQUIRES OFFICIAL, LEGAL DOCUMENTATION OF CHANGE AS LISTED BELOW)

New Name: _____

Type of Documentation Provided *(Please attach a copy of the documentation to/with this form. Name changes will not be processed without proper documentation, as listed below):*

- Social Security Card
- Driver's License
- Legal Document (Marriage Certificate, Court Documents, etc.)

Please Note: Changing the name in your student record will change your Denver Seminary student email address

ADDRESS CHANGE

Old Address in Student Record:

_____	City	State	Zip Code
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New Address to be Updated:

_____	City	State	Zip Code
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PHONE NUMBER

Previous Phone Number in Student Record:

- Home
- Work
- Cell _____

New Phone Number to be Updated:

- Home
- Work
- Cell _____

PERSONAL EMAIL ADDRESS

Previous Personal Email Address in Student Record: _____

New Personal Email Address to be Updated: _____

By signing this form, I authorize Denver Seminary to update my student record with the above information:

_____	_____
Signature	Date

For Office	Date Received: _____	Date Processed: _____	Legal Doc Attached: _____
Use Only	HelpDesk Notified to Update DenSem Email: _____		Student Notified: _____
Processed by: _____		Emailed Address Change Group: _____	Doc Uploaded: _____