



Attn: Registrar's Office
2211 College View Drive
Redding, CA 96003
Phone: (530) 226-4111
Fax: (530) 226-4870

**Office of the Registrar
Personal Information Update**

Today's Date: ____/____/____ Student ID/SSN: _____

Name: _____
Last First Middle

Former Name(s): _____
Last First Middle

Signature: _____

Please check appropriate changes:

Permanent Address

(Where Simpson University may send mail regardless of your current address)

Street: _____

City: _____ State: _____ Zip: _____

How long do you plan on receiving mail at this address? (MM/DD/YY): ____/____/____

Mailing Address

(Only if different from permanent address)

Street: _____

City: _____ State: _____ Zip: _____

How long do you plan on receiving mail at this address? (MM/DD/YY): ____/____/____

Parent/Guardian Address

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

How long do you plan on receiving mail at this address? (MM/DD/YY): ____/____/____

Telephone

Cell: () _____ Home: () _____

Change of Name:

Please attach a copy of one of the following:

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

Change of Marital Status:

Updated Status: Single Married Divorced Single Parent

Please attach a copy of one of the following:

- Marriage Certificate or License
- Court Order Document

Other: _____