



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: _____

Are you a current student? ☐ Yes ☐ No Have you applied for your degree? ☐ Yes ☐ No

Please check appropriate changes (photo ID required upon submission of this form):

☐ **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:** _____