



# FURMAN

## ESSENTIAL DATA CORRECTION

COMPLETE ONLY THE ITEMS TO BE CORRECTED

PRINT NAME					
FURMAN STUDENT ID					
EFFECTIVE DATE					

STUDENT IDENTIFICATION		LEGAL DOCUMENTATION REQUIRED		
LEGAL NAME				
	GIVEN			LAST
SOCIAL SECURITY NUMBER				

CONTACT INFORMATION	
<b>PERMANENT ADDRESS</b>	
_____ ADDRESS _____ CITY STATE ZIP ( ) _____ TELEPHONE NUMBER	I RESIDE AT THIS ADDRESS WITH MY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____

<b>LOCAL ADDRESS</b>
_____ ADDRESS _____ CITY STATE ZIP ( ) _____ TELEPHONE NUMBER

ADDITIONAL PERMANENT ADDRESS	
THE UNIVERSITY WILL MAIL OFFICIAL NOTICES, SUCH AS BILLS AND GRADE REPORTS, TO MULTIPLE ADDRESSES IF YOU REQUEST. IF MORE THAN ONE ADDRESS IS REQUESTED, LIST THE SECOND NAME & ADDRESS AND THE REASON FOR THE REQUEST.	
_____ NAME _____ ADDRESS _____ CITY STATE ZIP	_____ RELATIONSHIP ( ) _____ PHONE NUMBER _____ EMAIL ADDRESS
REASON FOR REQUEST: _____	

PARENT INFORMATION	
_____ PARENT/GUARDIAN NAME AS IT SHOULD APPEAR FOR MAILING PURPOSES _____ PARENT/GUARDIAN EMAIL ADDRESS	THIS IS A CHANGE FOR MY: <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER: _____

STUDENT SIGNATURE OR OFFICE SUBMITTING CHANGE

DATE