

BARRY ID (required): _____



CHANGE OF PERSONAL INFORMATION FORM

(photo identification required)

_____ <i>First Name</i>	_____ <i>Middle Name</i>	_____ <i>Last Name</i>
_____ <i>SS Number</i>	_____ <i>Date of Birth</i>	_____ <i>Maiden Name (if any)</i>

CHANGE OF ADDRESS

Check here to update diploma address.

<u>New/Preferred Address</u>	<u>Other Information</u>
_____ Street Address	_____ Home Telephone Number
_____ Apt/Bldg./Suite/Unit	_____ Business Telephone Number
_____ City	_____ Cellular Telephone Number
_____ State	_____ E-Mail Address
_____ Zip	
_____ Country (if outside the U.S)	

LEGAL NAME CHANGE

IMPORTANT: Legal name change requests MUST be accompanied by a copy of official documentation and photo identification. Acceptable documentation includes a birth certificate, marriage license, divorce decree or court order. No other form of documentation will be accepted.

Current Legal Name	_____ First	_____ Middle	_____ Last
New Legal Name	_____ First	_____ Middle	_____ Last

I hereby certify that the above information is accurate and that any documentation provided to substantiate these changes is complete, legal and unaltered. I authorize Barry University to change all of my records to reflect the above information.

Signature: _____ Date: _____

DOCUMENT ORIGINATION __ EMAIL __ FAX __ IN PERSON PHOTO ID VERIFIED Yes No by _____