Contact Information Change Form

PLEASE CHECK THE FIELD YOU WANT TO CHANGE, ENTER YOUR NEW CONTACT INFORMATION, SIGN THE DOCUMENT, THEN RETURN IT TO THE REGISTRAR'S OFFICE.

ENTER YOUR NAME AND STUDENT ID:

_____

Last Name First Name Student ID Number

☐ **Addresses**

Home Address (**Your Permanent Home Address**)

Address **City** **State** **Postal Code**

Mailing Address (**Campus Address Cannot Be Used**)

Address **City** **State** **Postal Code**

☐ **Phone Numbers**

Main: _____
TTY: _____
Home: _____
VP: _____
Other: _____

☐ **I am a full time Gallaudet Employee**

Print Name **Signature** **Date**

Please Return To: Attn: Registrar's Office, Chapel Hall, Room 101