

## Please PRINT the Following Information:

Correct Name: \_\_\_\_\_  
Last First Middle (Former Name)

Preferred Title:  Mr.  Mrs.  Miss  Ms.  Other \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Bethel ID: \_\_\_\_\_

Are You a Current Bethel Student?  No  Yes If No, Date(s) of Attendance: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Female  Male

## PLEASE COMPLETE ANY INFORMATION TO BE CHANGED:

### 1. Permanent Home Address:

Number, Street: \_\_\_\_\_ Apt. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Indicate County if a Minnesota Resident: \_\_\_\_\_

Country:  USA  Other: \_\_\_\_\_

2. Home Phone Number (with Area Code): (\_\_\_\_) \_\_\_\_\_

3. Marital Status:  Single  Married Other \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Has Spouse Ever Attended Bethel?  No  Yes If yes, Bethel ID Number: \_\_\_\_\_

4. Does this change affect other family members? If so, please list name(s) and ID numbers below:

\_\_\_\_\_  
\_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information requested on this form is necessary for summary reports required by federal and state laws and regulations as well as for institutional research. It will be treated as confidential and will not be used in a discriminatory manner.*