

Change of Data

Bethel University

Please PRINT the Following Information:

Correct Name: ** _____
Last First Middle (Former Name)

** All Name Changes require legal documentation showing proof of name change (copy of driver's license, marriage certificate, etc).

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 _____

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.