

Change of Address/Emergency Contact/Name Information

Name		Student II) Number	Date of Birth	
New Address:					
	Street Apartment Number				
	City, State, ZIP				
Home Phone	Work Phone	Cellphone	Email Addr	ress	
Change of Eme	rgency Contact Informati	on			
Primary Contact Name		Secondary Con	Secondary Contact Name		
Relationship		Relationship	Relationship		
Address		Address			
City, State, ZIP		City, State, ZIP			
Nork Phone		Work Phone			
Home Phone		Home Phone			
Cellphone		Cellphone			
Email		Email			
Change of Nam	ue				
New Name		* Preferred Name	e		
'You <u>MUST</u> attach a cop	by of the marriage certificate, divorce deci			egal documentation.	
Signature		 Date			
For Institutiona	al Research Purposes Only	,			
Are you Hispanic/Lati		,			
	sponse above, select one or more ra	aces:			
☐ American Indian/Al			ative Hawaiian/Other P	acific Islander	

Return form to: Point Park University

Office of the University Registrar 201 Wood Street Pittsburgh, PA 15222-1984 Fax: 412-392-8062 Reminder for <u>STUDENT EMPLOYEES</u>: Contact the Human Resources Office to also update your home address to ensure that your information is listed correctly on your paychecks and W-2 forms.