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| **UNCP ID** | **8** | **4** | **0** |  |  |  |  |  |  |

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| **Student Information** |
| **Last Name** | **First Name** | **Middle Initial(s)** | **Suffix** **(Jr., II., etc.)** |
| **Date of Birth**  | **Home/Cell #** | **Email****@bravemail.uncp.edu** |
| **Student** |  | **Alumni**  |  |

*Directions: Please print, complete and return to the Office of the Registrar.*
**\*\*\* Student workers and current employees return this form to Human Resources. \*\*\***

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| **Address Types *(please CHECK the address types to be updated)*** |
| **DM – Diploma Mailing Address** *Address must be valid for several months after the end of graduating term. Diplomas are mailed 8-10 weeks after final grades.* |  | **LO – Local Mailing Address***UNCP correspondence will NOT be mailed to this address.* |  |
| **EC – Emergency Contact Address** |  | **MA – Permanent Mailing Address***UNCP mail box cannot be used as permanent mailing address.* |  |
| **PO Box/Street** | **City** | **State** | **Zip Code** |

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| **Email Types *(please CHECK the email type to be updated)*** |
| **UNCP – UNCP Email Address** |  | **PERS – Personal Email Address** |  |
| **PARN – Parent’s Email Address** |  | **EMPL – Employment Email Address** |  |
| **New****Email Address** |

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| **Telephone Types *(please CHECK the telephone type to be updated)*** |
| **CA – Campus Address Telephone** |  | **DM – Diploma Mailing Telephone** |  | **EC – Emergency Contact Telephone** |  |
| **LO – Local Address Telephone**  |  | **MA – Mailing Address Telephone** |  |  |  |
| **Telephone** **Number** |

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| **I assume responsibility for any consequences or problems that may occur as a result of changing of my name.  There is no intent on my part to defraud the University of North Carolina at Pembroke.** |
| **Student/Alumni Signature** |  | **Date** |

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| **FOR OFFICE USE ONLY** |
| **Received by** |  | **Date** |
| **Changed by** |  | **Date** |