



Address/Email/Telephone Change Form

Mail: UNC at Pembroke
Office of the Registrar
P.O. Box 1510
Pembroke, NC, 28372

OR: Fax: 910.521.6328

| | | | | | | | | | |
|----------------|---|---|---|--|--|--|--|--|--|
| UNCP ID | 8 | 4 | 0 | | | | | | |
|----------------|---|---|---|--|--|--|--|--|--|

| 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. *****

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

| Email Types (please CHECK the email type to be updated) | | | |
|---|--------------------------|--|--------------------------|
| UNCP – UNCP Email Address | <input type="checkbox"/> | PERS – Personal Email Address | <input type="checkbox"/> |
| PARN – Parent’s Email Address | <input type="checkbox"/> | EMPL – Employment Email Address | <input type="checkbox"/> |
| New Email Address | | | |

| Telephone Types (please CHECK the telephone type to be updated) | | | |
|---|--------------------------|---------------------------------------|--------------------------|
| CA – Campus Address Telephone | <input type="checkbox"/> | DM – Diploma Mailing Telephone | <input type="checkbox"/> |
| LO – Local Address Telephone | <input type="checkbox"/> | MA – Mailing Address Telephone | <input type="checkbox"/> |
| Telephone Number | | | |

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 |
|---------------------------------|-------------|

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