



UNIVERSITY OF ST. THOMAS

Directory Information Change Request Form

Please Print Clearly

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OR

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UST Student ID Number
Please Circle: UGRD GRAD Program: _____

Social Security Number
Check Here If This Is A New Social Security Number
Check Here If You Are An International Student

Name _____
Last First Middle

TO CHANGE NAME: Print new name above and former name below. OFFICIAL PROOF OF NAME CHANGE IS REQUIRED.

Former Name _____
Last First Middle

ADDRESS CHANGE:

Print NEW Home Address below:

****The residence hall is NOT a valid address.**

Effective Date: _____

Street Address _____ Apt. Number _____

City _____ State _____ County _____ Zip Code _____

Preferred Mailing Address

****Complete *only* if different from Home Address**

Effective Date: _____

Street Address _____ Apt. Number _____

City _____ State _____ County _____ Zip Code _____

TELEPHONE AND E-MAIL CHANGES:

New Home Phone Number UST E-mail Address _____@stthom.edu

New Preferred Phone Number New Home E-mail Address _____

New Work Phone Number New Work E-mail Address _____

Student Signature Date _____

**** FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING ****