

Change of Student Demographic Information Form

(Please Print Legibly)

Name:	SID#:	
Last First	M.I.	
UWP Email Address:	Phone Number: ()	
Instructions:		
To change your demographic information with the Un	niversity of Wisconsin-Parkside fill out all appropriate fields on this form	n. Return
Office of the Registrar/Student Records	Phone: 262-595-2284	
University of Wisconsin – Parkside 900 Wood Road – P.O Box 2000	Fax: 262-595-2283 Email: Registrars.Office@uwp.edu	
Kenosha, WI 53141-2000	Zinan. registration office (spaniple au	
NAME CHANGE:		
NEW Name:	First M.I.	_
EODMED Name:		
FORMER Name:	First M.I.	
Please provide a photocopy of proof of the name chan	nge (new driver's license, legal papers, etc).	
Student's may update their contact information to	Mailing □ Billing □ Diploma using self-service in their Student Center through SOLAR. Apt #:	_
Student's may update their contact information u	using self-service in their Student Center through SOLAR. Apt #:	
Student's may update their contact information u	using self-service in their Student Center through SOLAR.	
Student's may update their contact information u Street: City:	using self-service in their Student Center through SOLAR. Apt #: State: Zip:	-
Student's may update their contact information u	using self-service in their Student Center through SOLAR. Apt #: State: Zip: E:	-
Student's may update their contact information u Street: City: PHONE NUMBER CHANGE/UPDATE	using self-service in their Student Center through SOLAR. Apt #: State: Zip: E:	-
Student's may update their contact information u Street: City: PHONE NUMBER CHANGE/UPDATE () Check your preferred phone number:	using self-service in their Student Center through SOLAR. Apt #: State: Zip: E:	-
Student's may update their contact information to Street: City: PHONE NUMBER CHANGE/UPDATE () Check your preferred phone number: ADDITIONAL INFORMATION TO B	Lusing self-service in their Student Center through SOLAR. Apt #: State: Zip: E:	-
Student's may update their contact information to Street: City: PHONE NUMBER CHANGE/UPDATE () Check your preferred phone number: ADDITIONAL INFORMATION TO B Social Security Number:	Lusing self-service in their Student Center through SOLAR. Apt #: Zip: State: Zip: E: Permanent Mobile Local Other Permanent Mobile Local Other SE CHANGED: Date of Birth: / /	-
Student's may update their contact information to Street: City: PHONE NUMBER CHANGE/UPDATE () Check your preferred phone number: ADDITIONAL INFORMATION TO B	Lusing self-service in their Student Center through SOLAR. Apt #: State: Zip: E:	-
Student's may update their contact information to Street:	Lusing self-service in their Student Center through SOLAR.	r
Student's may update their contact information to Street: City: PHONE NUMBER CHANGE/UPDATE () Check your preferred phone number: ADDITIONAL INFORMATION TO B Social Security Number: Comment area: Please provide a photocopy of Social Security card or	Lusing self-service in their Student Center through SOLAR. Apt #: State:Zip: E:	r