

Change of Student Demographic Information

(Please Print Legibly)

Name: _____ SID#: _____ DOB: _____
Last First M.I.

UWP Email Address: _____ Phone Number: () _____

Instructions:

To change your demographic information with the University of Wisconsin-Parkside fill out all appropriate fields on this form. Return to:

Office of the Registrar
University of Wisconsin – Parkside
900 Wood Road – P.O Box 2000
Kenosha, WI 53141-2000

Phone: 262-595-2284
Fax: 262-595-2283
Email: Registrars.Office@uwp.edu

☐ NAME CHANGE:

NEW Name: _____
Last First M.I.

FORMER Name: _____
Last First M.I.

Please provide a photocopy of proof of the name change (new driver's license, legal papers, etc).

☐ ADDRESS CHANGE: ☐ Home ☐ Mailing ☐ Billing

Student's may update their contact information using self-service in their Student Center through SOLAR.

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

☐ PHONE NUMBER CHANGE/UPDATE: ☐ Permanent ☐ Mobile ☐ Local ☐ Other

() _____

Check your preferred phone number: ☐ Permanent ☐ Mobile ☐ Local ☐ Other

☐ ADDITIONAL INFORMATION TO BE CHANGED:

Social Security Number: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Comment area: _____

Please provide a photocopy of Social Security card or legal documentation of changes.

Current Classification: ☐ Undergraduate ☐ Graduate **Last Term Enrolled:** _____

Signature

Date

Office Use Only:

Date processed: _____

Initials: _____