



Office of the Registrar/Student Records
 900 Wood Road, P.O. Box 2000
 Kenosha, Wisconsin 53141-2000
 Phone: 262-595-2284
 Fax: 262-595-2283
Registrars.Office@UWP.edu

**Change of Student Demographic Information
 (Transcript Request)
 (Please Print Legibly)**

Transcript Order Date: _____ Transcript Order Number: _____

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

UWP Email Address: _____ Phone Number: () _____

Instructions:

To change your demographic information with the University of Wisconsin-Parkside,

1) Fill out all appropriate fields on this form

2) Drop off, mail, or fax to: Office of the Registrar/Student Records
 University of Wisconsin - Parkside
 900 Wood Road - P.O Box 2000
 Kenosha, WI 53141-2000
 Fax: 262-595-2283

Contact for additional information: Phone: 262-595-2281

Additional Note: Past or current UWP employees must change demographic information with Human Resources.

NAME CHANGE:

NEW Name: _____
Last First M.I.

FORMER Name: _____
Last First M.I.

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

ADDRESS CHANGE: Home Mailing Campus Billing

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

Street: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____

Current Classification: Undergraduate Graduate Last Term Enrolled: _____

By my signature I certify that this declaration is made for the purposes of my academic record and that I intend to use this name consistently for these purposes at the University of Wisconsin-Parkside.

 Signature

 Date

Office Use Only:	Date processed: _____	Initials: _____
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