

STUDENT DATA UPDATE

NAME: _____ **Butler ID (or SSN):** _____

Please complete ONLY the information that needs to be updated

_____ **Legal, home, permanent address**

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

BEARS Phone Number: _____
(Butler Emergency Alert Reporting System)

Office Use Only: SPAIDN _____ SGASTDN _____
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If you are submitting a PO Box, you must also submit a street address.

_____ **Local or dorm address (address you are living at while attending BCC)**

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

BEARS Phone Number: _____
(Butler Emergency Alert Reporting System)

Office Use Only: SPAIDN _____ SGASTDN _____
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_____ **Name (documentation required, i.e. driver's license, birth certificate, etc.)**

****ATTN Employees: Must attach a copy of provided documentation**

Previous/Maiden Name: _____

Correct/Updated Name: _____

Office Use Only: SPAIDN _____ SGASTDN _____
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_____ **Social Security Number (attach copy of SSN card)**

Office Use Only: SPAPERS _____
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I certify that the information given above is accurate to the best of my knowledge. I understand that failure to disclose or falsifying information could result in my dismissal from BCC.

SIGNATURE: _____ **DATE:** _____

Date Processed in Banner: _____
