

## 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)

**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 BCCC)**

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)

\_\_\_\_\_ **Name (documentation required, i.e. driver's license, birth certificate, etc.)**

**\*\*ATTN Employees: Must change name with Human Resources & provide original SSN card with new name.**

Previous/Maiden Name: \_\_\_\_\_

Correct/Updated Name: \_\_\_\_\_

\_\_\_\_\_ **Social Security Number (attach copy of SSN card)**

**Preferred Email Address:** \_\_\_\_\_

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:** \_\_\_\_\_

**Office Use Only:**

SPAIDEN \_\_\_\_\_

**Office Use Only:**

SPAIDEN \_\_\_\_\_

**Office Use Only:**

SPAIDEN \_\_\_\_\_

**Office Use Only:**

SPAIDEN \_\_\_\_\_

**Office Use Only:**

SPAIDEN \_\_\_\_\_

**Date Processed in Banner:**  
\_\_\_\_\_