

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:
