



DIRECTORY INFORMATION CHANGE REQUEST

Former Name _____ Student ID # _____

Date Change Effective (if different than today) _____

****Please print and provide below only the information that has changed****

See back side for Parent/Guardian Information Changes

Return to: NWU Registrar's Office, Smith-Curtis 206, 5000 St. Paul Ave. Lincoln, NE 68504

FAX: 402.465.2565 EMAIL: registrar@nebrowesleyan.edu

STUDENT INFORMATION:

➤ Name Change: _____

NOTE: You must provide a copy of legal documentation for any name change. (Acceptable documentation includes court documents with new name, social security card with new name, license with new name.)

➤ Marital Status Change: ___ Single ___ Married ___ Widowed ___ Divorced

NOTE: You must provide a copy of legal documentation for any marital status change. (Acceptable documentation includes marriage certificate, divorce decree, obituary, or death certificate.)

If Married, Spouse's Name: _____ Was/is NWU student? ___yes ___no

➤ Gender Change: _____ Male _____ Female

NOTE: You must provide a copy of legal documentation for any gender change. (Acceptable documentation includes license with changed gender, or official state ID with changed gender.)

➤ Permanent Address Change: _____

Address

City/State/Zip Code

➤ Local/Current Address Change: _____

Address

City/State/Zip Code

Address to be considered preferred for mailing? (Circle one) Permanent Local/Current

➤ Phone # Change: _____

Cell

Other: Please Specify

➤ Hometown for press releases: _____

➤ I do not want my directory information (address/phone #) released off-campus: _____ (initial)

Student's Signature _____ Date _____

See back side for Parent/Guardian Information Changes

PARENT/GUARDIAN INFORMATION:

Father/:

Guardian _____
Prefix (ex: Mr/Dr/Rev) First MI Last Suffix

Address City/State/Zip Code

Phone # Email

Mother/:

Guardian _____
Prefix (ex: Mrs/Ms/Dr) First MI Last Suffix

Address City/State/Zip Code

Phone # Email

Step-Father:

Prefix (ex: Mr/Dr/Rev) First MI Last Suffix

Address City/State/Zip Code

Phone # Email

Step-Mother:

Prefix (ex: Mrs/Ms/Dr) First MI Last Suffix

Address City/State/Zip Code

Phone # Email

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REGISTRAR'S OFFICE USE ONLY:

Name Change in BIO: (Preferred Name & Mailing Name) _____ on File: _____

Address Change in ADSU: _____ Parent Change in PREL: _____

Marital Status Change in BIO: _____ Gender Change in BIO: _____

Updated 07/13