



# Student Request to Update Information

**CURRENT INFORMATION ON FILE WITH COLLEGE:**

Student's EmplID: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

\_\_\_\_\_ Student's Last Name      Student's First Name      MI      Contact Number

Please supply a telephone number in case we need to contact you for more information. (    ) - \_\_\_\_\_

*Please select and fill in ONLY the CORRECTED information for the item(s) that have changed below.*

**Please attach a copy of picture identification and documents containing the correct information**

Primary Name: \_\_\_\_\_  
Last      First      Middle

Maiden/Former Name: \_\_\_\_\_  
Last      First      Middle

Birth Date: \_\_\_\_\_

Social Security Number (National ID): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street      City      State      Zip

I live in the following Virginia City or County: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
Employer Name and Location

Business Phone Number: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_      DATE: \_\_\_\_\_

Please return this form to the Office of the Registrar or FAX to (804) 371-3650 or Email to Registrar@Reynolds.edu.

**For Office Use Only**

Processed by : \_\_\_\_\_      Date: \_\_\_\_\_