CHANGE OF STUDENT DEMOGRAPHIC INFORMATION FORM

Meredith College 3800 Hillsborough Street Raleigh, NC 27607-2878 FAX 919-760-2878

Cneck nere if you work	on campus			
Your classification (circle all t	hat apply)	Student	Faculty/Staff	Alumna/alumnus
Change the following address	types as not	ed below. Ple	ease circle all that ap	ply.
HMM Home Mailing Street, Royour account information	ute or PO Box	. Where you wis	sh to have official corresp	pondence sent such as
HMR Permanent Residence St	reet or Route.	Do not give a Po	O Box. Street address is	required.
CMM School Term Street or R attending Meredith and where you correspondence from Meredith Colle	an be reached	in an emergency	•	
Last Name	First	Name	Middle N	ame
Student Identification Number _				
New Address: Street			Telephone/	⁻
City Sta	te	County	Zip	
Name Change:				
Name: From		To		
 If you are an employee of Muman Resources to chang your new name printed on a common state of the second state of	e your name. You to you have of Meredith we name printe	You must presen College, you ma	t your original Social Sec ay present one of the follo	curity card that has
Other Changes: New Emergency Contact: Name	<u> </u>		Day Phone	/
Signed			Dated:	

Revised 10/2008