



Office of the Registrar

Change of Directory Information

PERSONAL INFORMATION

Name: _____ SPU ID#/SSN: _____

Relationship to SPU: ☐ Undergraduate Student ☐ Graduate Student ☐ Alumni ☐ Not Admitted ☐ Continuing Education

Quarter of Admission to SPU: ☐ Autumn / ☐ Winter / ☐ Spring, Year: _____

Quarter of Graduation from SPU: ☐ Autumn / ☐ Winter / ☐ Spring, Year: _____

Signature: _____ Date: _____

Please check appropriate changes:

☐ **Change of Birthdate**

Please attach copy of Driver's License or Passport

DOB: _____ / _____ / _____
Day Month Year

☐ **Change of Name**

Please attach a copy of one of the following documents that contains your changed name:

- Court Order Document ▪ Passport
- Driver's License ▪ Social Security Card
- Marriage Certificate or License

Current Name: _____
Last First Middle

Former Name: _____
Last First Middle

☐ **Mailing Address**

Street: _____

City: _____ State: _____ Zip: _____

☐ **Non-SPU Email Address**

This will replace any other non-SPU email addresses

Email: _____

☐ **Phone Number**

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Office Use Only: ☐ INB Updated Initial: _____ Date: _____

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98119-1922 Fax: 206-281-2669