

CHANGE OF PERSONAL INFORMATION



Please type or print your name as it currently appears on your current CFK records.

LAST NAME		FIRST NAME
PHONE NUMBER	CFK ID	DATE OF BIRTH <small>Month Day Year</small>

WHAT INFORMATION WOULD YOU LIKE TO UPDATE?

This form must be submitted with copies of the official documentation that is supporting the requested change.

- Name Change Mailing Address Change Update to Emergency Contact Other: _____

NAME CHANGE

Change of Name must be accompanied with appropriate official documentation.

- Court Documentation Driver's License Passport
 Social Security Card Marriage License Other legal document: _____

Please type or print your new name as it appears on your legal documentation.

LAST NAME	MIDDLE NAME
FIRST NAME	PREFERRED FIRST NAME does not need to be accompanied by documentation

MAILING ADDRESS CHANGE

Please type or print your new information.

- Foreign Address U.S. Address

DATE EFFECTIVE <small>Month Day Year</small>

MAILING ADDRESS		
CITY/TOWN	STATE/PROVINCE	POSTAL CODE
COUNTRY	PHONE NUMBER	Do you wish to receive text message notifications from CFK? <small>Yes No</small>

EMERGENCY CONTACT CHANGE

Please type or print your new contact.

LAST NAME	FIRST NAME
RELATIONSHIP <small>Parent Spouse Friend Other</small>	PHONE NUMBER

OTHER

Please type or print other information that needs to be corrected. Documentation may be required.

OTHER

STUDENT SIGNATURE (REQUIRED) _____

DATE Month Day Year _____

This form can be submitted in person at The Office of Enrollment Management in the Key West Campus or by email to admissions@cfk.edu from the student's CFK email address.

Enrollment Services Use Only

Date entered in SPAIDEN:

Initials: