



...continuing The Biblical Seminary in New York

DATA CHANGE FORM

PLEASE PRINT OR TYPE

Date: ____/____/____
Month Date Year

INSTRUCTIONS:

It is the student's responsibility to inform the school of any changes regarding address, phone, email or name.
Please fill out this form if you have any changes to make to your records.
Please email or fax to the Registrar's Office at: lbumgardner@nyts.edu Fax: 212-870-1236

Student's Name (as it appears in our current records): _____
Last First Middle

Student ID Number: _____

PLEASE CHANGE: (Check all that apply and provide new information)

ADDRESS

New Address:

Number & Street

Apt #

City

State

Zip

PHONE

New Tel(s):

(____) - ____ - ____ (____) - ____ - ____ (____) - ____ - ____
Home Business Cell

EMAIL

New E-Mail Address): _____

NAME: Due to marriage or legal name change.
If due to legal name change, student will need to provide copy of legal document.

New Last Name: _____

New First Name: _____

New Middle Name: _____

DO NOT WRITE BELOW THIS LINE

Received by: _____ Date: _____