NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

DATA CHANGE FORM

Date:_____/_____/_____
Month Date Year

INSTRUCTIONS:
It is the student's responsibility to inform the school of any changes regarding name, address, phone or email. Please fill out this form if you have any changes to make to your records. Once completed please email to the Registrar's Office at: Registrar@nyts.edu

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

Student ID Number: _____

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

☐ **ADDRESS**

New Address:

_____
Number & Street Apt# City State Zip Code

☐ **PHONE**

New Phone Number:

(____) _____ - _____ **(____) _____ - _____** **(____) _____ - _____**
Home Business Cell

☐ **EMAIL**

New Email Address: _____

☐ **NAME: Due to marriage of legal name change. If due to legal name change, student must provide a copy of legal document.**

New Last Name: _____

New First Name: _____

New Middle Name: _____

DO NOT WRITE BELOW THIS LINE

Received by: _____ **Date:** _____