OFFICE of the REGISTRAR
Access and Enrollment Services

Albert A. Sheen Campus
RR1, Box 10,000 |Kingshill |Virgin Islands |00850-9781

St. Thomas Campus
#2 John Brewer's Bay |St. Thomas | Virgin Islands |00802-9990

CHANGE OF STUDENT PERSONAL INFORMATION

Please complete the following information and provide required documentation for changes. If you are providing legal or identity documentation, please deliver this form in person. Request submitted by e-mail, fax, or through third parties will not be accepted. Photo identification must have a clearly reproduced picture to be considered valid when provided. Please allow 3-5 business days for processing. Only complete the areas below that you are seeking to change.

Section : Current Name and Contact Information on Record

First Name: _____ Last Name: _____ Student ID: _____

Email Address: _____ Home Phone: _____Cell Phone: _____

Mailing Address: _____

Section B: Current Name and Contact Information on Record (Check the applicable box)

The University requires a valid Photo ID plus at least one of the following documents (as indicated beside each reason) to support your identity and name. Original or certified true copies of documents must be provided

☐ Correction or addition to your name (Passport, Social Security Card)
☐ Correction of Birth (Birth Certificate, Passport)
☐ Name change by marriage (Marriage Certificate)
☐ Name change by Divorce (Issued Court Order)
☐ Return to maiden name (Issued Court order and Birth Certificate)
☐ Legal Name change (Change of Name Certificate Affidavit issued by the Court)
☐ Change of Address (No documentation needed)

Section C: Requested Amendment(s) to Name and/or Other Information (Name and Date of Birth must match documentation submitted)

Use upper and lower case letters, and include hyphens, periods, and spacing as required (e.g., "Manuela Ann-Marie D'Souza). Please note: accents cannot be accommodated.

_____
Last Name

_____ _____
First Name(s) Prefix

_____
Middle Name (s) / Initial (s)

Section D: Change of Permanent Address/ Mailing Address

_____
New Permanent Address

_____
New Mailing Address

I confirm that I am the student as stated. The Information provided is true and accurate in all respects.

_____ _____
Print Name Student's Signature Date (dd/mm/yy)

Office Use: Documentation Provided (Check All That Apply)

☐ Court Order ☐ Divorce Documents ☐ Birth Certificate ☐ Marriage Certificate ☐ Naturalization Documentation

☐ Passport ☐ SSN/Card ☐ Driver's License ☐ Voter's ID ☐ Other Legal Documentation _____

Documentation Reviewed and Processed by: _____ Date : _____

Rev 6/13/2016