



Office of the Registrar

Bryant University, 1150 Douglas Pike, MRC 1400
Smithfield, RI 02917

Phone: (401)232-6080 Fax: (401)232-6065

Personal Information Form
Change of Name, Address, Telephone Number, or Emergency Contact

Name: _____ Student ID: _____
 First Middle Last

Change of Name

Former Name: _____

Current Name: _____

Legal documentation (e.g. Driver's license, marriage certificate) required for processing name changes.

Change of Address **Mailing Address** **Both**

Former Permanent Address: _____

Current Permanent Address: _____

(must be a physical address,
not a PO Box, may not
be your Bryant University
mailing address)

Change of Telephone Number **Telephone Number(s) has *NOT* changed**

Former Home Telephone Number: _____ Current Home: _____

Former Cell Phone Number: _____ Current Cell: _____

Former Work Telephone Number: _____ Current Work: _____

Effective Date for Change: _____

Signature: _____ Date: _____