



**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: \_\_\_\_\_

For office use only: Received: _____ Date: _____ Processed: _____ Date: _____
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