



CHANGE OF CONTACT INFORMATION

To guarantee that students receive important information, you must complete and submit this form to the Graduate School should your contact information change.

Name changes must be done in person at the Office of Academic Records located across from the Graduate School Office. Name changes require official court documentation (a driver's license is not considered official documentation).

Student Name: _____ Date _____

Bryant ID: _____ Program _____

Address Type: Local Mailing Permanent Campus Box _____

Street _____

City _____ State _____ Zip Code _____

Country _____

Home Phone (____) _____ Preferred

Cell Phone (____) _____ Preferred

Home Email _____ Preferred

Business Address:

Employer _____ Job Title _____

Street _____

City _____ State _____ Zip Code _____

Country _____

Business Phone (____) _____ Preferred

Business Email _____ Preferred