



Office of Academic Records and Registration

Bryant University, 1150 Douglas Pike, MRC 202
Smithfield, Rhode Island 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

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

Former Home Telephone Number: _____ Current Home: _____

Former Cell Phone Number: _____ Current Cell: _____

Former Work Telephone Number: _____ Current Work: _____

Change of Emergency Contact Information

Former Contact: _____ Former Emergency Telephone Number: _____

Current Contact: _____ Current Emergency Number: _____

Relationship to Emergency Contact: _____

Effective Date for Change: _____

Signature: _____ Date: _____

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