



Date: _____

Information Update Form

Name: _____ SCSU ID#: _____
Last (Family Name) First (Given Name) Middle

Major: _____ Semester: Spring 20____ Fall 20____

Status: Undergraduate Graduate Gender: Male Female

Country of Citizenship: _____ Email: _____

U.S. Mailing Address: _____
Street City State/Province

Cell Phone: _____ - _____ - _____ Postal Code: _____

Emergency Contact Information

Name: _____ Relationship: _____
Last (Family Name) First (Given Name)

Telephone: _____ Email Address: _____
Country Code City Code Number

Address: _____
Street City State/Province

Country: _____ Postal Code: _____

U.S. Emergency Contact Information

Name: _____ Relationship: _____
Last (Family Name) First (Given Name)

Telephone: _____ Email Address: _____
Country Code City Code Number

Address: _____
Street City State/Province

Country: _____ Postal Code: _____