



## Request for Change of Personal Information - Vancouver Campus

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Phone: (236) 521-2500 • Fax: (236) 521-2400  
Email: [vanregistrar@adler.edu](mailto:vanregistrar@adler.edu)

**\*\*For students without access to Self-Service\*\***

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I, \_\_\_\_\_ / \_\_\_\_\_  
(Print Student First Name) (Print Student Last Name)

would like to make an official change to the following information:

Please print legibly and **ONLY fill in the information you would like to change**

**Name:** \_\_\_\_\_  
(Name change requests require documentation – marriage license, divorcee decree, driver’s license, etc. – please attach a copy)

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

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

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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FOR OFFICE USE ONLY:

Rep Initials & Date Received: \_\_\_\_\_ Rep Initials & Date Processed: \_\_\_\_\_