



Request for Change of Personal Information - Vancouver Campus

520 Seymour Street • Vancouver, BC V6B 3J5
Phone: (236) 521-2500 • Fax: (236) 521-2400
Email: vanregistrar@adler.edu

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**

_____ / _____
(Print Student First Name) (Print Student Last Name)

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

Address: _____

Other: _____

Student Signature _____ **Date:** _____

FOR OFFICE USE ONLY:

Rep Initials & Date Received: _____ Rep Initials & Date Processed: _____