



Office of the Registrar

Change of Directory Information

PERSONAL INFORMATION

Name: _____ SPU ID#/SSN: _____

Relationship to SPU: Undergraduate Student Graduate Student Alumni Not Admitted Continuing Education

Quarter of Admission to SPU: Autumn / Winter / Spring, Year: _____

Quarter of Graduation from SPU: Autumn / Winter / Spring, Year: _____

Signature: _____ Date: _____

Please check appropriate changes:

Change of Birthdate

Please attach copy of Driver's License or Passport

DOB: _____ / _____ / _____
Day Month Year

Change of Name

Please attach a copy of one of the following documents that contains your changed name:

- Court Order Document Passport
- Driver's License Social Security Card
- Marriage Certificate or License

Current Name: _____
Last First Middle

Former Name: _____
Last First Middle

Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Non-SPU Email Address

This will replace any other non-SPU email addresses

Email: _____

Phone Number

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Office Use Only: INB Updated Initial: _____ Date: _____

Demaray Hall 151 registrar@spu.edu
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98119-1922 Fax: 206-281-2669