



Office Use Only:
B:
Admit Year:
Received by:
Received Date:
Student ID Verified

PERSONAL INFORMATION UPDATE

EFSC Student ID Number: B [] [] [] [] [] [] [] []

Current Name: Last
(Please print) First Middle

Student: Please check the appropriate section(s) and complete. Please print legibly using blue or black ink. Photo ID must accompany this form if mailed, faxed or emailed.

NAME (Required documentation: driver license or social security card)

Note: If you are a current Eastern Florida employee (e.g. student worker) you must submit your name change through Human Resources. They will require a copy of your updated social security card.

First Middle
Last

ADDRESS, PHONE NUMBER, AND/OR EMAIL ADDRESS

Check all that apply: [] Mailing Address [] Financial Aid Address

Street City State
Zip Code Phone () Email

EMERGENCY CONTACT INFORMATION Name

Street City State Zip Code
Relationship Phone ()

SOCIAL SECURITY NUMBER (Required documentation: social security card)

[] [] [] - [] [] - [] [] [] []

DATE OF BIRTH (Required documentation: driver license, birth certificate or other legal document) (dd/mm/yyyy) [] [] - [] [] - [] [] [] []

Table with 3 rows: GENDER (Male, Female), ETHNICITY (Hispanic or Latino, Not Hispanic or Latino), RACE (American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, White, Black, Asian), CITIZENSHIP (US Citizen, Permanent Resident Alien, Undocumented Alien, Non-Immigrant Visa Holder, International Student (F-1), Other)

I certify that the above information is accurate and complete to the best of my knowledge.

Student Signature: Date:

FOR OFFICE USE ONLY Check GUASYST to determine if student is designated as employee and/or vendor. If yes, update student record and send copy of this form and legal document to HR and/or Accounting for review.

Name: SPAIDEN SPACMNT SOAHOLD SAAACKL GUASYST
MA Address: SPAIDEN SOAHOLD SPACMNT GUASYST
Emerg. Info: SPAIDEN SOAFOLK