

STUDENT DATA UPDATE

NAME: _____ Butler ID (or SSN): _____

Please complete **ONLY** the information that needs to be updated

Legal, home, permanent address

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

BEARS Phone Number: _____
(Butler Emergency Alert Reporting System)

Office Use Only:

SPAIDEN _____

SGASTDN _____

If you are submitting a PO Box, you must also submit a street address.

Local or dorm address (address you are living at while attending BCC)

New Street Address: _____

New City: _____ New State: _____ New Zip: _____

New County: _____ Date moved: _____

New Home Phone: _____ New Work Phone: _____

BEARS Phone Number: _____
(Butler Emergency Alert Reporting System)

Office Use Only:

SPAIDEN _____

SGASTDN _____

Name (documentation required, i.e. driver's license, birth certificate, etc.)

****ATTN Employees: Must attach a copy of provided documentation**

Previous/Maiden Name: _____

Correct/Updated Name: _____

Office Use Only:

SPAIDEN _____

SGASTDN _____

Social Security Number (attach copy of SSN card)

Office Use Only:

SPAPERS _____

I certify that the information given above is accurate to the best of my knowledge. I understand that failure to disclose or falsifying information could result in my dismissal from BCC.

SIGNATURE: _____ DATE: _____

**Date Processed in
Banner:**
