



ROSEMAN UNIVERSITY OF HEALTH SCIENCES

STUDENT/ALUMNI CONTACT UPDATE FORM

OFFICE OF THE REGISTRAR

Please provide the following information to assist us with updating your contact information. Be sure all information is filled out completely in order for the request to be processed in a timely manner. If your form is illegible your request will be delayed

If your name has changed, please submit the following required document with this form:

- Copy of **US Social Security Card** or **US Passport** reflecting new name

Not providing proof of this change will mean that Roseman University cannot honor the name change.

Processing time for updating your personal information is 3-5 business days except during peak periods. We do not provide expedited processing of updates.

Save as a PDF after completing form, attach SS Card or Passport reflecting new name (NAME CHANGES ONLY), and Email directly to registrar@roseman.edu

Student/Alumni Previous Information

| | | | |
|----------------------------|------------|-------|---|
| Last Name | First Name | MI | Student ID No. |
| | | | 0000 |
| Previous Address | City | State | Zip Code |
| | | | Program Attended & Year of Graduation: |
| | | | Campus: Henderson South Jordan |
| Roseman E-mail Address | | | |
| Alternative E-mail Address | | | |
| | | | Class of _____ |
| | | | Withdrew _____ |

Information Being Updated **(Only complete what needs to be updated.)**

| | | | | |
|--------------------------|------------|---------------|--|-----------------|
| Last Name | First Name | MI | Please select Preferred Primary Address: | |
| | | | | Local Permanent |
| Home Number | Cell Phone | | Name changes require the Following Document. Please Indicate if attached: Social Security Card or Passport -Reflecting new name | |
| E-mail Address | | | | |
| Local Address | City | State | | Zip Code |
| Permanent Address | City | State | | Zip Code |
| Emergency Contact | | | | |
| Name: | | Relationship: | Phone Number: | |

I understand by signing this Student/Alumni Contact Update Form that the information is complete and correct. If any of the above information changes will contact Roseman University of Health Sciences, and submit a new form with the Office of the Registrar immediately.

Student/Alumni Signature: _____ Date: _____
(Signature must be included on form for processing.)