ROSEMAN UNIVERSITY OF HEALTH SCIENCES

CONTACT UPDATE FORM

OFFICE OF THE REGISTRAR

Send completed form to registrar@roseman.edu

Use this form if you need to update your contact information or if your name has changed. If submitting a name change, you must include a copy of your U.S. Social Security Card or U.S. Passport showing your new name. Without proper documentation, Roseman University will be unable to process the name change.

Please allow 3–5 business days for updates to be processed. Processing times may be extended during peak periods. Expedited processing is not available.

Student Information

Last Name _____ First Name _____ Middle Name _____

Student ID or DOB _____ Roseman E-mail or Personal E-mail _____

Program: _____ **Campus:** _____

Please indicate the action you wish to take:

☐ **Contact Updates**
(Specify changes below)

☐ **Name Change**
(Attach a copy of your Social Security Card or Passport, reflecting new name)

Address

_____

_____

_____
Last Name First Name Middle Name

Personal Email

_____

Emergency Contact

_____

Signature _____ **Date** _____

(Form must be signed for processing. Electronic, Typed and Handwritten Signatures Accepted.)

For any questions regarding this process, please contact the Registrar's Office.