



Request to Update Personal Information

Name (as listed in current Student Record): _____

Student ID Number: _____

New Name (if applicable): _____

New Address: _____

New Phone Number (include area code): _____

E-mail Address: _____

Signature: _____

**Federal law requires the student's signature for processing. No requests will be processed without the appropriate signature.*

Please complete this form and mail to:

*Anderson University
Anderson Central
316 Boulevard, Box 1142
Anderson, SC 29621*

*Fax:
864-231-2008*