

# CHANGE OF PERSONAL INFORMATION



Please type or print your name as it currently appears on your current CFK records.

LAST NAME		FIRST NAME	
PHONE NUMBER	CFK ID	DATE OF BIRTH <small>Month Day Year</small>	

## WHAT INFORMATION WOULD YOU LIKE TO UPDATE?

This form must be submitted with copies of the official documentation that is supporting the requested change.

- Name Change     Mailing Address Change     Update to Emergency Contact     Other: \_\_\_\_\_

## NAME CHANGE

Change of Name must be accompanied with appropriate official documentation.

- Court Documentation     Driver's License     Passport  
 Social Security Card     Marriage License     Other legal document: \_\_\_\_\_

Please type or print your new name as it appears on your legal documentation.

LAST NAME		MIDDLE NAME	
FIRST NAME		PREFERRED FIRST NAME does not need to be accompanied by documentation	

## MAILING ADDRESS CHANGE

Please type or print your new information.

- Foreign Address     U.S. Address

DATE EFFECTIVE <small>Month Day Year</small>
---

MAILING ADDRESS		
CITY/TOWN	STATE/PROVINCE	POSTAL CODE
COUNTRY	PHONE NUMBER	Do you wish to receive text message notifications from CFK? <small>Yes No</small>

## EMERGENCY CONTACT CHANGE

Please type or print your new contact.

LAST NAME		FIRST NAME	
RELATIONSHIP <small>Parent Spouse Friend Other</small>	PHONE NUMBER		

## OTHER

Please type or print other information that needs to be corrected. Documentation may be required.

OTHER
-------

STUDENT SIGNATURE (REQUIRED) \_\_\_\_\_

DATE Month Day Year \_\_\_\_\_

This form can be submitted in person at The Office of Enrollment Services in the Key West Campus or by email to [admissions@cfk.edu](mailto:admissions@cfk.edu) from the student's CFK email address.

<b>Enrollment Services Use Only</b>		
Date entered in SPAIDEN: _____	Initials: _____	HCM 04/2021