

Update Personal Information



WASHINGTON UNIVERSITY of VIRGINIA

Student ID _____

Name _____

Program _____

DOB (mm/dd/yy) _____

Update Contact Information

Previous Information

Phone _____ E-mail _____

Address _____
Street

City _____ State _____ Zip Code _____

New Information

Phone _____ E-mail _____

Address _____
Street

City _____ State _____ Zip Code _____

Change of Status Name Change & Correction Other

Reason(s) for request

Document

Student: _____ Date: _____
Signature

OFFICE USE ONLY

Directory Update _____ / _____ / _____
Initial Date

I-20 Update _____ / _____ / _____
Initial Date