



OFFICE OF THE REGISTRAR
 BYU-HAWAII #1974
 55-220 KULANUI ST
 LAIE, HAWAII 96762-1294
 PHONE: (808)675-3736
 EMAIL: REGISTRARS@BYUH.EDU

ADD/UPDATE PERSONAL INFORMATION FORM

BYUH STUDENT INFORMATION

| | |
|----------|--|
| NAME: | |
| BYUH ID: | |

MARITAL STATUS & SPOUSE INFORMATION

Married Divorced Widowed Other _____

| | | |
|----------------|-------------|------------------------------------|
| Name: | | Change Marital status of My Spouse |
| BYUH ID: | | |
| SSN: | | |
| Date of Birth: | / / | |
| Gender: | Male Female | |

PERSONAL INFORMATION

NAME CHANGE

| | |
|---------|--|
| FIRST: | |
| MIDDLE: | |
| LAST: | |

| | |
|----------------|-------------|
| DATE OF BIRTH: | / / |
| GENDER: | Male Female |
| SSN: | |

Reminder:

- To file a name change or SSN a copy of your social security card must be submitted with this form. Any other changes must have the attached pertinent legal forms. (Copy of SSN card will be destroyed after verification is confirmed)
- Change in marital status must include a copy of the marriage certificate, or the pertinent legal documents.

Instructions:

- Complete **BYUH Student information**, then sign and date at the bottom.
- Check and Complete ALL necessary information boxes.
- Provide all necessary legal documents.
- Take completed form to the Registrar's Office, ADM Bldg. Room #100.

PERMANENT ADDRESS MAILING ADDRESS

| | | | | | |
|------|-------|-----|------|-------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| City | State | Zip | City | State | Zip |

Reminder:

- You can update your mailing address, phone numbers, and email address and other personal information by logging into your 'mybyuh' student center account.

Notice:

I have included a copy of my new social security card along with any of the following: a certificate of marriage, passport, driver's license/ or other legal documents to indicate the specific change/correction.

I understand that ALL my records from this date forward will reflect the new corrections/changes. (Diplomas will reflect this name change if this form is submitted prior to graduation.)

Signature

Date

Spouse's signature (if necessary)

Date

FOR OFFICE USE ONLY:

Registration Specialist

Date