



Student Information Update Request

Enrollment Services
Taylor Building – Eagle Central
Phone: 208-732-6250
Email: enrollment@csi.edu

It is the student's responsibility to ensure that their information with CSI is current and accurate.

Student ID: _____ Date of Birth: _____
Month Day Year

Student Name: _____ Phone Number: _____
(If you are changing your legal name, please write previous name above) Is this a new number? Yes No

Change(s) Requested (check & complete all that apply)

New Address: _____
Address City State Zip Code

- _____ I am requesting to change my **legal address.**
- _____ I am requesting to establish a local mailing address but keep my **legal address the same.**

Email Update: _____

Emergency Contact: _____
Last Name First Name Phone Number Relationship

***New Legal Name:** _____
Last Name First Name Middle Name

Preferred Name (If different from legal name): _____

***Legal Gender Change:** _____

***To change your **legal name and/or gender** on your official student records, you will need a copy of one of the following items with your **NEW legal name and/or gender** on the document you submit in support of your request.*

- Certified Court Order granting new name change
- Marriage Certificate
- Driver's License
- Passport
- Divorce Decree
- Permanent Resident Card

***I request that my changes are made in all official school records in accordance with the College of Southern Idaho's policy. I also understand that changing my legal address DOES NOT change the county or state residency designation. Please contact Enrollment Services to update your residency status.*

Student Signature

Date

Office Use Only	
<i>Notify I.T. of the name change.</i>	
Processed by: _____	Date: _____