Change of Permanent Student Information

Information to be changed, added, or corrected:

❒ NAME ❒ CATALOG MAILING ADDRESS
(please attach mailing label at bottom)

❒ ADDRESS ❒ OTHER_____
(please specify)

Your name in full **(PLEASE PRINT)** _____
last first middle initial

Previous name when enrolled _____
last first middle initial

Mailing address _____
address line 1

_____
address line 2

_____
city state zip

Previous address when enrolled _____
address line 1

_____
address line 2

_____
city state zip

Business phone #: _____ Home phone #: _____

Fax #:_____ E-mail address: _____

Social Security number_____

The University is required by federal law to report your Social Security number and other pertinent information to the Internal Revenue Service pursuant to the reporting requirements imposed by the Taxpayer Relief Act of 1997. Social Security number disclosure is mandatory. This notification is provided to you as required by the Federal Privacy Act of 1974.

I have completed (please check all that apply):

❒ Certificate/study program in _____

❒ Extension courses ❒ Concurrent enrollment courses ❒ In-company courses

❒ Fall Freshmen courses ❒ Online/independent study courses ❒ English Language Program

❒ International Diploma Program in _____

Course title(s)	Course number(s)	EDP number(s)	Dates of attendance

YOUR SIGNATURE_____Date _____

Mail your signed and completed request to

Registration—Enrollment Activity
UC Berkeley Extension
1995 University Ave., Suite 110
Berkeley, CA 94704-7000

Attach catalog mailing label HERE

Fax your signed and completed request to (510) 642-0374