

RENSSELAER

Professional and Distance Education Office

Personal Information Form

Please fax this form to: Professional and Distance Education Office.
Fax (518)276-8026.

Effective Date: ____/____/____

RIN: ____ - ____ - ____

Name as currently on record system: _____
(Last) (First) (Middle)

Name as you request it to appear: _____
(Last) (First) (Middle)

New Address:

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Current Address:

Street: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Please Note:

*Name changes require copies of legal documentation of name change, which can be attached to this form.

Student Signature: _____

Date: ____/____/____