

STUDENT INFORMATION

Student Card Application



Student ID#: _____

Last Name: _____

First Name: _____

Birthdate: _____

Signature:



Change of Address:

Please make the following change to your records for:

Name: _____ Student ID #: _____

New Mailing Address: _____

City: _____ Province: _____

Postal Code: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

IMPORTANT! Do you want this information given out to other students?

Yes

No

STUDENT SIGNATURE: _____