

INFORMATION CHANGE FORM

Return to Enrollment Services/Records & Registration Office, Tanis Bldg Email records@nmc.edu or fax (231) 995-1956

NAME		NMC ID:		
Pr	rint		_	
EMERGENCY CONTAC	CT			
Emergency Contact Name	-		Phone Nun	mber
	rint			
NAME CHANGE				
Requesting a legal name change requesting a preferred first name do	oes not require docum	nentation.		
Current Name Legal Last Change To Legal Last		·	Legal First	MI
Change To Legal Last		·	Legal First	MI
Preferred First Name * Preferred name will appear on Mo				
Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Intersex ☐ Transgender ☐ Prefer Not to Say Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Ze/Zir ☐ Other ☐ Prefer Not to Say Prefix: ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Mx. ☐ Rev. ☐ Prefer Not to Say * To update your legal sex please email a copy of your new birth certificate to records@nmc.edu ADDRESS CHANGE				
IMPORTANT Changi district. A Petition for Review of	Residency Status mathematics Residency Status mathematics and the semester begins	nust be completed s. More information	ed and reviewed by the	y change your tuition rates to in- the Records Office for possible e residency petition can be found at
	Address: (Choose if ary address where ceive mail)	☐ Mailing Address: (Choose if this is not where you live but is the address where you receive your mail)		☐ Local Address: (Choose if this is a temporary address you live at while school is in session and where your mail should be sent during that time)
Street Address				
City		State	Zip Code	Country
Phone			<u>. </u>	
EMAIL CHANGE - NMO forward your emails to your person EMAIL address				MC ID>@mail.nmc.edu). You may ail in our database system.
	rint			
I have submitted my Gradu	nation Application.	Please update wi	th this information.	
Student Signature				Date