

Student Information Update Request

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

tudent ID:	Date of Birth:
	Month Day Year
Student Name:	Phone Number:
(If you are changing your legal name, please w	write previous name above) Is this a new number? Yes No
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	Office Use Only
Nic	otify I.T. of the name change.
Processed by:	Date: