



STANTON UNIVERSITY

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Update Contact Information Form

Full Name: _____

Student ID # _____

Program: MBA BBA PGM KCA
 MSISM BSISM

Date of Birth: ____/____/____

Phone Number: _____

Request Type:

- Address Change
- Name Change
- Phone Number Change
- Email Change

New Address: _____

New Name: _____

New Phone Number: _____

New Email Address: _____

Former Address: _____

Former Name: _____

Former Phone Number: _____

Former Email Address: _____

Signature X _____

Date: _____

Official Use Only

Date Received _____

Date Changed _____

03/2023