



# 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: \_\_\_\_\_

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Official Use Only

Date Received \_\_\_\_\_

Date Changed \_\_\_\_\_

04/2024