



---

# BERMUDA COLLEGE

## CHANGE OF DATA FORM

PLEASE PRINT

\*\* (Fill out both lines only if submitting a change of name)

**\*\*Previous Name:**

\_\_\_\_\_

First	Middle	Last
-------	--------	------

**\*\*New Name:**

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Student ID #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Previous Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Nos. W: \_\_\_\_\_ H: \_\_\_\_\_ C: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_