

Personal Data Information Change Form

Do you wish to update your OSAP Record? Yes No

If yes please provide your Social Insurance Number: _____

Please help us avoid expensive postal fees by notifying us when your address changes.

Please Print Clearly

Student Number: _____ Current Date: _____

Present Student: Effective Date: _____

Past Student: Campus: _____

Future Student:

Program : _____

Name: _____
Surname First Name

Please change applicable information below

1. **Name Change to:** _____
From: _____

2. **Marital Status:** Single Married Separated Divorced

3. **Title Code:** Mr. Mrs. Miss. Ms.

4. **Permanent Address:** _____
Apt # Street name

City Province Postal code

Telephone Number _____

5. _____
Signature of Student

Please return this form to the Registrar's Office