

STUDENT INFORMATION



This form can be completed online:
contactinfo.arcadia.edu

— *OR* —

Return this form to:

Office of the Registrar, Arcadia University
450 S Easton Rd, Glenside, PA 19038

General Student Information:

Program: Undergraduate Graduate

Name: _____
 First Middle Last

Birth Date: ____/____/____

Ethnic Group: African American (non-Hispanic) American Indian/Alaskan Native Asian/Pacific Islander
 Hispanic White (non-Hispanic) Other

Religious Affiliation (please specify, if applicable): _____ Marital Status: Married Single

Do you receive V.A. benefits? _____ Gender: Female Male

Country of Citizenship: _____ Type of Visa: _____

NAME CHANGE: All name changes **MUST** have a copy of a legal document indicating the new name, example: marriage license, court signed document, updated driver's license, etc. New Name will not be changed without this information)

New Name: _____

Mailing Information: Please provide the information for all areas that are applicable. Listed below are the definitions explaining each type of address.

During the academic school year do you plan to be: Resident (living in campus housing, including University Apts.)
 Commuter (living in non-university housing, or in parents/family home)

-----**ALL STUDENTS COMPLETE THIS INFORMATION**-----

Home Address: Defined as a student's permanent legal mailing address

_____ Is this a change of address? Yes No

Phone: (____) _____

Mobile Phone: (____) _____

Local Address: Defined as a local address where you reside during the academic year; that is not your home address or university housing)

_____ Is this a change of address? Yes No

Phone: (____) _____

Mobile Phone: (____) _____

Other Address: Defined as any other mailing address, that is not your home or local address. (For example a winter or summer address)

_____ Is this a change of address? Yes No

Dates of occupancy _____

Contact during winter break: Yes No

Phone: (____) _____

Contact during summer break: Yes No

STUDENT INFORMATION (CONTINUED)

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PARENTAL/GUARDIAN INFORMATION

Parental Information (If Living) - Defined as a parental address, if parents are living together

Name _____ Is this a change of address? _____ Yes _____ No

Address _____

Phone: (_____) _____ Should receive campus announcement and general information? _____ Yes _____ No

Mobile Phone: (_____) _____

E-mail: _____ Has a parent(s) attended Arcadia University in the past? _____ Yes _____ No

Mother's Information (If Living): Defined as a mother's home address, if parents are not living together

Name _____ Is this a change of address? _____ Yes _____ No

Address _____

Phone: (_____) _____ Should receive campus announcements and general information? _____ Yes _____ No

Mobile Phone: (_____) _____

E-mail: _____ Has this person listed attended Arcadia University in the past? _____ Yes _____ No

Father's Information (If Living): Defined as a father's home address, if parents are not living together

Name _____ Is this a change of address? _____ Yes _____ No

Address _____

Phone: (_____) _____ Should receive campus announcements and general information? _____ Yes _____ No

Mobile Phone: (_____) _____

E-mail: _____ Has this person listed attended Arcadia University in the past? _____ Yes _____ No

Guardian Information: Defined as student's legal guardian

Name _____ Relationship to student: _____

Address _____ Is this a change of address? _____ Yes _____ No

Phone: (_____) _____ Should receive campus announcements and general information? _____ Yes _____ No

Mobile Phone: (_____) _____

E-mail: _____ Has the person listed as guardian attended Arcadia University in the past? _____ Yes _____ No

MAILINGS

Please circle the address where information should be mailed during the academic school year.

Student General Campus Mailing (*Please select one address type*)

Campus Home Local

Bills/Invoices/Statements (*Please select one address type*)

Campus Home Local Parental Mother Father Guardian

Financial Aid Information (*Please select one address type*)

Campus Home Local Parental Mother Father Guardian

Signature _____

Date _____