STUDENT INFORMATION

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

Return this form to:
Office of the Registrar, Arcadia University
450 S Easton Rd, Glenside, PA 19038

General Student Information:
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:
mariage 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
Contact during summer break: _____ Yes _____ No

Phone: (_____) ____________________________
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 ___________________________________________ Should receive campus announcements and general
Phone: (____) ____________________________ Information? ______ Yes ______ No
Mobile Phone: (____) ___________________________ Has a parent(s) attended Arcadia University in the past?
E-mail: ___________________________________________ ______ 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 ___________________________________________ Should receive campus announcements and general
Phone: (____) ____________________________ Information? ______ Yes ______ No
Mobile Phone: (____) ___________________________ Has this person listed attended Arcadia University in
E-mail: ___________________________________________ 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 ___________________________________________ Should receive campus announcements and general
Phone: (____) ____________________________ Information? ______ Yes ______ No
Mobile Phone: (____) ___________________________ Has this person listed attended Arcadia University in
E-mail: ___________________________________________ 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
Mobile Phone: (____) ___________________________ Information? ______ Yes ______ No
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 ___________________________