

Taylor College
5190 SE 125th Street
Bellevue, FL 34420

Student Information Update Form

Student's Name: _____
Last
First
Middle or Former

Please Update the Necessary Information Below: **(Verification/copies must be attached)**

| | | |
|-------------------------|-------------|-------------------------|
| Social Security Number: | | |
| Last Name: | First Name: | Middle Initial: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | Other Telephone Number: |
| E-mail Address: | | |
| Date of Birth: | | |

Race/Ethnicity Background: Nonresident Alien, Race & Ethnicity Unknown, Hispanic of any Race
 American Indian or Alaska Native, Black or African American
 Native Hawaiian/Pacific Islander, White, Two or more races

Citizenship:
 U.S. Citizen
 Permanent Resident Alien/Refugee (Alien Reg. # _____)
 Other (specify) _____

Programs Enrolled

| | |
|-------------------|-------------|
| Program Enrolled: | Start Date: |
|-------------------|-------------|

I certify that I understand Taylor College's Drug and Alcohol policy and that I will not possess, sell, purchase, deliver, use, manufacture, or distribute illegal drugs or controlled substances while on the school premises or while engaged in institution-sponsored activities off-campus.

I certify that the information given on the form is complete and accurate and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies, rules and regulations of Taylor College. Should any of the information I have given change during or prior to my enrollment at the College, I shall immediately notify the College.

Applicant's Signature _____ Date _____

Registrar's Office use only:
 ____ Is the appropriate documentation for the request attached?

Registrar's Office use only: Processed By: _____ Date: _____