



Personal Information Change Form

Requestor Information:

Name: _____

Date: _____

Physical Address				
Street	City	State	Zip	

Mailing Address				
Street	City	State	Zip	

Email Address
Email

Phone Number		
Home	Student Cell	Parent Cell

NSHE Number
Student NSHE Number

_____ Student/Parent Signature

_____ Date

Notes:

OFFICIAL USE ONLY	
_____ NSHS Staff Signature	_____ Date
Staff signs this form after data has been updated into the student information system and processed accordingly.	