



Office of the Registrar
 University of Victoria
 PO BOX 3025, STN CSC
 VICTORIA, BC V8W 3P2 CANADA

ADDRESS AND PERSONAL INFORMATION CHANGE FORM

Please Update my Student Record: Undergraduate Graduate
 Name Change Address Change

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DATE OF BIRTH (dd/mm/yyyy)

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UVIC IDENTITY NUMBER

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STUDENT'S FULL NAME (No initials please)

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PREVIOUS NAMES (If name change requested on this form. Please provide supporting documents)

Office Use Only:

Date Received:

Date Input:

Processed By:

PERMANENT ADDRESS Effective: _____ (DD/MM/YYYY).

Note: please use this section only if you cannot access the UVic online portal at www.uvic.ca/mypage.

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Apt	Street or P.O. Box	Address	City	Prov
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Postal Code	Country	Area Code	Telephone Number	Email Address
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The University of Victoria collects the personal information on this form pursuant to the University Act, RSBC 1996, c. 468 and section 26 of the *Freedom of Information and Protection of Privacy Act*. The information is used to update databases and for purposes consistent with other programs and activities of the University and may be provided to the relevant students' society and alumni association. The information may also be used for research purposes but in those cases, individual identities will not be disclosed. If you wish further information, please contact the Office of the Administrative Registrar for an information sheet.

Signature

Date