

**Arcadia University  
Office of the Registrar**

**Student Information Form**

Reason for submitting this form (please check):

New Student  Name Change  Address Change  Billing Address Change  Other Change

**Personal Information**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SS#: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Female  Male

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

Religious Affiliation (please specify): \_\_\_\_\_ Marital Status:  Married  Single

Do you receive V.A. benefits? \_\_\_\_\_ Local Newspaper: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Type of Visa: \_\_\_\_\_

Would you like to be considered a Continuing Education (CE) Student?  Yes (A CE student is a new, returning or transfer student who  
 No was away from formal education for a period of time)

**Residency:**

During the school year, you are (please check)  a commuter  a resident

Home address: \_\_\_\_\_ Billing address?  Yes  No

Phone( ) \_\_\_\_\_  
Other \_\_\_\_\_ (Circle type: Fax, E-Mail, Pager, Cellular, PIM, Web)

School Address: \_\_\_\_\_ Billing address?  Yes  No

(if different)

Phone( ) \_\_\_\_\_  
Other \_\_\_\_\_ (Circle type: Fax, E-Mail, Pager, Cellular, PIM, Web)

**Family Information:**

1. Entry applies to (check all that apply):  Mother (if living)  Father (if living)  Spouse/Partner  
 Child/ren  Guardian  Other(specify): \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Billing address?  Yes  No

(if different) \_\_\_\_\_ Receive College Mailings?  Yes  No

Phone( ) \_\_\_\_\_

2. Entry applies to (check all that apply):  Mother (if living)  Father (if living)  Spouse/Partner  
 Child/ren  Guardian  Other (specify): \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Billing address?  Yes  No

(if different) \_\_\_\_\_ Receive College Mailings?  Yes  No

Phone ( ) \_\_\_\_\_

3. Entry applies to (check all that apply):  Mother (if living)  Father (if living)  Spouse/Partner  
 Child/ren  Guardian  Other (specify) \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Billing address?  Yes  No

(if different) \_\_\_\_\_ Receive College Mailings?  Yes  No

Phone ( ) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_