

**Taylor College**  
**5190 SE 125<sup>th</sup> 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:
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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: \_\_\_\_\_