



UPDATE CONTACT INFORMATION FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

Phone: (847) 375 0543 • Fax: (847) 298 2539 • Web: www.sjsm.org • Email: Records@mail.sjsm.org

Saint James School of Medicine students must update their contact information with the School Administration as soon as the information changes. This form must be submitted in order to change any information in the school's system.

PLEASE PRINT:

*First Name:	
*Middle Name:	
*Last Name:	
Home Phone:	
Cell Phone:	
Primary Email:	
Alternate Email:	
Home Address:	

*Please note any name changes will require a copy of your ID/Passport with the updated name or official name change documentation.

Student Signature: _____ Date: _____

SEND COMPLETED FORM TO: *Via Fax:* (847) 298 2539 • *Via Email:* Records@mail.sjsm.org

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

FOR OFFICE USE ONLY

Registrar's Office: _____ Date: _____