Update Personal Information

WASHINGTON UNIVERSITY *of* VIRGINIA

Student ID | Name | Program

DOB (mm/dd/yy)

☐ **Update Contact Information** *(All updates must be submitted within 10 days)*

Important Note: Please only complete the fields with new or updated information. Leave blank if there are no changes.

PREVIOUS INFORMATION

Phone _____ E-mail _____

Emergency Contact _____ Name/Relationship _____

☐ Physical Address ☐ Mailing Address ☐ Both

_____
Street APT (optional)

_____
City State Zip Cdoe

NEW INFORMATION

Phone _____ E-mail _____

Emergency Contact _____ Name/Relationship _____

☐ Physical Address ☐ Mailing Address ☐ Both

_____
Street APT (optional)

_____
City State Zip Cdoe

☐ **Change/Adjustment of Status** ☐ **Name Change & Correction** ☐ **Other**

Reason(s) for request

_____

_____

Document

_____

_____

***F-1 Students:** This information will be updated in the myWUV system and in your SEVIS I-20 record.

s-Signature: /s/_____ **Example: /s/ Joe Shmoe** **Date:**_____ (MM/DD/YYYY)

Please indicate the name in the signature field in the form of **/s/[Signer's Name]**. Typing a name after /s/ signifies agreement with the sSignature. When signed in the form of /s/ [Signer's Name], it holds the same legal effect as a handwritten signature under the Electronic Signatures in Global and National Commerce Act (ESIGN Act) and the Uniform Electronic Transactions Act (UETA).