



BAKKE
GRADUATE
UNIVERSITY
OF MINISTRY

Change of Directory Information

Today's Date: _____ SSN/BGU ID: _____

Name: _____
Last First Middle

Former Name(s): _____

Please change the following information:

Permanent Address (where BGU should send mail regardless of my current address):

Mailing Address (if different from current address):

Please change my telephone number to:

_____ Circle: Work Home Cell

Please change my Social Security Number:

Old #: _____ - _____ - _____ New #: _____ - _____ - _____

Please change my name to:

(Please attach a copy of changed Social Security card, marriage certificate/license, court document or changed driver's license.)

The above information is true and correct.

(Your signature)

Please mail to:
Student Academic Services
Bakke Graduate University
1013 8th Ave., Suite 401
Seattle, WA 98104
Or fax to (206) 264-8828