



Student Relations Update

Office of the Registrar

P.O. Box 261954 • Conway, SC 29528-6054
843-349-2019 • 843-349-2909 fax • coastal.edu/registrar

This form must be completed and submitted to the Office of the Registrar for processing (Baxley Hall 222).
A picture ID is required.

Select all that apply: Current Student Former student Current Faculty/Staff Former Faculty/Staff

PLEASE PRINT

Student Information

Name: Last _____ First _____ Middle _____

Student ID number _____

Telephone number (_____) _____

Students can update up to two (2) relations with this form. For additional updates, add an attachment to this form.

RELATION #1 • INFORMATION

Select one: Parent Guardian Spouse

Name _____

Street _____

City _____ State _____ Zip code _____

Telephone: Cell (_____) _____ Home (_____) _____

E-mail address _____

RELATION #2 • INFORMATION

Select one: Parent Guardian Spouse

Name _____

Street _____

City _____ State _____ Zip code _____

Telephone: Cell (_____) _____ Home (_____) _____

E-mail address _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY
Processed by _____ Date _____