

CONTACT UPDATE FORM

RETURN TO SGA SECRETARY MAILBOX IN ADOS

**BIOGRAPHICAL INFORMATION**

FIRST NAME	MIDDLE INITIAL	LAST NAME	
PREFERRED PHONE	SBN	PREFERRED EMAIL ADDRESS	
LOCAL (ON-CAMPUS/OFF-CAMPUS) ADDRESS			ROOM / APT.
CITY	STATE	ZIP	

ACADEMIC INFORMATION

ACADEMIC CLASSIFICATION

<input type="checkbox"/> FRESHMAN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR	<input type="checkbox"/> GRADUATE
MAJOR(S)/MINOR(S)	PRIMARY	CLASS YEAR		

CAMPUS INFORMATION

RESIDENCY

 ON-CAMPUS RESIDENT OFF-CAMPUS COMMUTER
ORGANIZATION INFORMATION

ORGANIZATION 1 NAME	ORGANIZATION 2 NAME	ORGANIZATION 3 NAME
ORGANIZATION 1 POSITION	ORGANIZATION 2 POSITION	ORGANIZATION 3 POSITION