



California Institute of Integral Studies

PERSONAL INFORMATION UPDATE FORM

Use this form if you are a student and need to update the personal information CIIS has on record for you. Submit to registrar@ciis.edu as an attachment to an email sent from your CIIS student email account. Allow three business days for processing. If you have questions, contact registrar@ciis.edu or 415-575-6126.

Name on record with CIIS: _____ CIIS ID Number: _____
last (family/legal) name first (given name) middle name

I am (check all that apply): a student worker a teaching assistant a research assistant in the US on F-1 or J-1 visa

FILL OUT ONLY THE INFORMATION WHICH REQUIRES UPDATING.

1. Legal Name: _____
last (family/legal) name first (given name) middle name

I've attached a copy of a: Court order Driver's license Passport Marriage license
 Divorce decree reinstating a maiden name Adoption papers Uniformed service military ID

2. Preferred Name: _____

3. Gender: Female Male Other

4. Address: Requires submitting this form in-person and showing a photo ID. Alternatively, submit change via MyCIIS.

Physical: _____ Mailing: (if different) _____

5. Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

6. E-mail Address: _____

This will update your personal email address. Your CIIS email address remains the university's official mode of communication.

7. Ethnicity and Race: For information about these categories, contact the Dean of Students Office.

Ethnicity (check one): Hispanic/Latino Not Hispanic/Latino
Race (check all that apply): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

8. Date of Birth: Month: _____ Day: _____ Year: _____ Copy of birth certificate attached

9. Social Security Number: _____ Copy of Social Security card attached

10. Country of Citizenship: _____ Copy of certificate of naturalization or permanent resident card attached

11. Emergency Contact: Name: _____ Relationship to You: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

DATE FORM RECEIVED: _____ DATE INFO CHANGED: _____ BY: _____ REG: 9/17/20