

# Student Data Update Sheet

Please print in ink or type. **Do not leave any items blank.** Provide dates in mm/dd/yyyy format, and return to the NCSEAA using the contact information at the foot of this page. If your name has changed, enclose a copy of your legal documentation verifying this, e.g. court order, marriage certificate.

Funding program:  NSP  PTSL  Other: \_\_\_\_\_  My name has changed.  My address has changed.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Sex: M / F Ethnicity: \_\_\_\_\_ State in which you plan to obtain a nursing license: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ RN license # (if applicable): \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State where license was issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

**Mailing address:** \_\_\_\_\_ **Permanent address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent or Guardian:** \_\_\_\_\_ **Parent's spouse:** \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Employed by: \_\_\_\_\_

## Siblings over 18 and not living at home:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Personal references:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Mail or fax this form using the contact information at the foot of this page.

