



KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Hawai'i Pacific Health Medical Assistant Program
55 Merchant St., 25th Floor, Honolulu, HI 96813
Phone: (808) 535-7571

Email: HPHstudents@hawaiipacifichealth.org

Website: www.hawaiipacifichealth.org/medicalassistantprogram

Hawai'i Pacific Health Medical Assistant Program
Student Demographic Update

Instructions: Print legibly. Complete and return to the address or email above. Attach a valid copy of a current photo ID. Acceptable forms of ID are current Driver's License/Permit, State ID, or Passport.

First Name:		Middle Initial:		Last Name:	
SSN:		DOB:		Year Program Entry:	
Student ID:		Email:			

Please change my records to reflect the change(s) reflected below. (Check all that apply)

NEW NAME: Attached ID should display the updated name

First Name:		Middle Initial:		Last Name:	
-------------	--	-----------------	--	------------	--

NEW MAILING ADDRESS

Number/Street:					
City:		State:		Zip code:	

NEW PERMANENT ADDRESS

Number/Street:					
City:		State:		Zip code:	

NEW CONTACT

Type:	<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home: _____ <input type="checkbox"/> Work: _____ <input type="checkbox"/> Email: _____
-------	---------------------------------------------------------------------------------------------------------------------------------------------------------

EMERGENCY CONTACT

Name:			
Relationship:			
Phone Number:	<input type="checkbox"/> Cell: _____ <input type="checkbox"/> Home: _____ <input type="checkbox"/> Work: _____		

Student Signature

Date