HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB BENIOFF WILCOX

Hawaiʻi Pacific Health Medical Assistant Program
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Hawaiʻi 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 are of ID are current Driver's License/Permit, State ID, or Passport.

First Name:		Middle Initial:		Last Name:	
Last 4 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:	☐ Cell: _____ ☐ Home: _____ ☐ Work: _____ ☐Email: _____

☐ EMERGENCY CONTACT	
Name:	
Relationship:	
Phone Number:	☐ Cell: _____ ☐ Home: _____ ☐ Work: _____

_____ _____
Student Signature Date

Revised 3/1/2025