Cleveland State University
School of Nursing

Please make sure that your information is consistent in CAMPUSNET and ACEMAPP

Indicate OLD STUDENT INFORMATION (please print legibly)

Current Name:	CSU ID:
Street Address:	City/State/Zip:
Home Phone (with area code):	Cell Phone(with area code):

Indicate NEW STUDENT INFORMATION (please print legibly)

Name:	CSU ID:
Street Address:	City/State/Zip:
Home Phone (with area code):	Cell Phone(with area code):

STUDENT SIGNATURE

With my signature, I hereby authorize the School of Nursing to update my information:

Student Signature (required): _____ Date: _____

Please submit to SON, Julka Hall, room 238

This information is for the School of Nursing only.

To update your information with the University you must contact Campus411.

OFFICE USE ONLY

Date received in SON: _____
Information updated: _____